

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-967	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/17/2025
NAME OF PROVIDER OR SUPPLIER LINDLEY COLLEGE-RALEIGH		STREET ADDRESS, CITY, STATE, ZIP CODE 6531 MERIDIEN DRIVE, SUITE 103 RALEIGH, NC 27616		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint survey was completed on July 17, 2025. The complaint was substantiated (intake #NC00231450). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups. This facility has a current census of 40. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against	V 132		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] MA

[Signature] Director

8/3/2025

STATE FORM

6899

25Y411

If continuation sheet 1 of 13

RECEIVED BY
MHL & C 8/4/25

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LINDLEY COLLEGE-RALEIGH

**6531 MERIDIEN DRIVE, SUITE 103
RALEIGH, NC 27616**

Division of Health Service Regulation
STATE FORM

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V 132	Continued From page 2 activities although staff member discovered the two within a very short time frame...therefore, the allegation of neglect, failing to supervise is substantiated..." During interview on 7/16/25 a representative with HCPR reported: - aware of the 12/20/24 incident with client #1 & FC#2 - an IRIS report for FC#2 was not received with the completed HCPR section for former staff (FS#3) - the IRIS report was needed to complete a HCPR investigation for FS#3 During interview on 7/17/25 the Interim Director reported: - she was out on "medical leave" during the 12/20/24 incident - an investigation for the 12/20/24 incident was completed and sent to HCPR - was not sure why FS#3's information was not sent to HCPR - Directors do not complete internal investigations and submit to the HCPR - will double check behind the Clinical Supervisors to ensure HCPR are aware of allegations against all staff	V 132		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs	V 366		

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V 366	Continued From page 3 of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The	V 366		

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V 366	Continued From page 4 internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility	V 366		

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V 366	<p>Continued From page 5</p> <p>for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to submit pertinent documents of an incident to the Local Management/Managed Care Organization (LME/MCO). The finding are:</p> <p>Review on 7/16/25 of an IRIS (incident response improvement system) reported dated 12/20/24 for client #1 revealed:</p> <ul style="list-style-type: none"> - "...there were noises coming from the kitchen...[client #1] inappropriately touching on another client former client #2 [FC#2]...he says the other consumer gave him permission to...informed him that just because permission was given doesn't make it right..." - no level III IRIS report for FC#2 with the Health Care Personnel Registry section completed for former staff (FS#3) <p>During interview on 7/16/25 a representative with HCPR reported:</p> <ul style="list-style-type: none"> - aware of the incident between client #1 & FC#2 - FS #3's demographic information had been requested several times with no response - an investigation on FS#3 could not be 	V 366	<p>The QM Director will inservice QPs on their responsibility of submitting an IRIS report within timeframes.</p> <p>The QP is instructed during the 24 hour team meeting to complete an IRIS report within the 24 hour timeframe and submit notification to QM of this completion. For information that the QP may not have access to, such as an accused staff member's social security number, they are instructed to consult with HR for this information. The QP who manages the client case of the incident will submit IRIS reports timely.</p> <p>For this particular missing report, the QP assigned Client #2's case, will submit the report, noting that the report was not reported at the time of the incident. An investigation was conducted, and the report will be uploaded into the report once it has been completed.</p> <p>The Director and QM will follow up after the expectation of the submission of IRIS reports to ensure the reports have been submitted accordingly.</p>	9/12/2025

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V 366	Continued From page 6 conducted until HCPR received FS#3's demographic information During interview on 7/17/25 the Interim Director reported: - she was out on "medical leave" during the 12/20/24 incident - does not recall any emails that requested FS#3's demographic information	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding.	V 367		

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V 367	Continued From page 7 (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident;	V 367		

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V 367	Continued From page 8 (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview the facility failed to submit a level III incident report to the Local Management/Managed Care Organization (LME/MCO). The finding are: Review on 7/16/25 of an IRIS (incident response improvement system) reported dated 12/20/24 for client #1 revealed: - "...there were noises coming from the kitchen...[client #1] inappropriately touching on another client former client [FC#2]...he says the other consumer gave him permission to...informed him that just because permission was given doesn't make it right..." - "describe the cause of the incident: staff not being around their consumer at all times. Allowing their consumer to walk away from them to an area where they are no longer in eye sight"	V 367	The QM Director will inservice QPs on their responsibility of submitting an IRIS report within timeframes. The QP is instructed during the 24 hour team meeting as an action item to complete an IRIS report within the 24 hour timeframe and submit notification to QM of this completion. Completion of the IRIS report will include notifications to the MCO, guardian, etc. The QP who manages the client case of the incident will submit IRIS reports timely. For this particular missing report, the QP assigned Client #2's case at the time of the incident, will submit the report, noting that the report was not reported at the time of the incident. An investigation was conducted, and the report will be uploaded into the report once it has been completed. The Director and QM will follow up after the expectation of the submission of IRIS reports to ensure the reports have been submitted accordingly.	9/12/2025

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V 367	Continued From page 9 - "incident prevention: this incident could have been prevented by following facilities protocol where your client needs to be within arms length at all times." - no level III incident report completed for FC#2 An attempted call on 7/16/25 to LME/MCO revealed messages left with no return phone calls During interview on 7/17/25 the Interim Director reported: - she was out on "medical leave" during the 12/20/24 incident - an investigation for the 12/20/24 incident was completed and sent to HCPR - was not sure why a level III incident report for FC#2 was not completed - will double check behind the Clinical Supervisors to ensure level II & level III incident reports were submitted in IRIS	V 367		

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V 500	Continued From page 11 (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.	V 500		
This Rule is not met as evidenced by: Based on record review and interview the facility				

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V 500	Continued From page 12 failed to notify the Department of Social Services of an allegation of neglect. The findings are: Review on 7/16/25 of an IRIS (incident response improvement system) reported dated 12/20/24 for client #1 revealed: - "...there were noises coming from the kitchen...[client #1] inappropriately touching on another client former client [FC#2]...he says the other consumer gave him permission to...informed him that just because permission was given doesn't make it right..." - "describe the cause of the incident: staff not being around their consumer at all times. Allowing their consumer to walk away from them to an area where they are no longer in eye sight" - "incident prevention: this incident could have been prevented by following facilities protocol where your client needs to be within arms length at all times." Review on 7/16/25 of the facility's internal investigation for the 12/20/24 incident revealed: - "conclusion: video footage verified that two students were left unattended and engaged in consensual inappropriate activities although staff member discovered the two within a very short time frame...therefore, the allegation of neglect, failing to supervise is substantiated..." During interview on 7/17/25 the Interim Director reported: - she was out on "medical leave" during the 12/20/24 incident - was not sure why DSS was notified of the incident for client #1 but not FC#2 - will double check behind the Clinical Supervisors to ensure DSS was aware of any allegations against all staff	V 500	During the QP inservice of IRIS submissions by the QM Director, the topic of notification to DSS will be included. The QP will be directed to request a letter from DSS of notification of a Level III incident and their decision regarding how they will address the report. The letter received from DSS will be uploaded into the IRIS report accordingly. Should the QP require assistance with the notification to DSS, the Director will assist accordingly. QM will follow up with the QP to ensure the letter from DSS has been received and uploaded into the IRIS report.	9/12/2025