

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601492	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/05/2025
NAME OF PROVIDER OR SUPPLIER LIFE-WAY HOMES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 MOSSYCUP DRIVE CHARLOTTE, NC 28215		
(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	<p>INITIAL COMMENTS</p> <p>An annual, follow up and complaint survey was completed on 8-5-25. The complaints were unsubstantiated (#NC00232903, #NC00232625, and #NC00227423). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <p>(1) technical knowledge;</p> <p>(2) cultural awareness;</p> <p>(3) analytical skills;</p> <p>(4) decision-making;</p> <p>(5) interpersonal skills;</p>	V 110		

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

TITLE

(X6) DATE

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V 110	<p>Continued From page 1</p> <p>(6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, Staff #2 failed to demonstrate competency in decision making. The findings are:</p> <p>Review on 7-28-25 of level 1 incident report dated 6-8-25 revealed: -"For just a few minutes of driving while [Client #1] was being disrespectful to [Staff #2], [Staff #2] went back with him for a second, and told [Client #1] that this was the last time he will tolerate it. [Staff #2] had enough then turned the car around and told [Client #1] he was going to take him back to the park and drop him off. We did not get back to the park but close by when we stop and [Staff #2] told [Client #1] to get out. [Client #1] got out and started walking when I (Staff #1) told him to come back. He was standing outside of the car as I was trying to get him to get back in. [Staff #2] didn't want him back in but I told him we couldn't leave him there. [Client #1] did eventually get back in the car and we proceeded to go."</p> <p>Review on 7-31-25 of Staff #2's record revealed: -Hire date on 5-20-25. -Special Populations Training, Client Rights,</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>and Abuse and Neglect Training all completed on 5-20-25.</p> <p>Interview on 7-31-25 with Client #2 revealed: -He heard Staff #2 tell Client #1 to get out of the car after they had turned the car around and returned to the park area. -"He (Staff #2) said 'if you want to get out of the car so bad, get out and we will call the cops.'" -"[Staff #1] kept trying to get him to stay in the car."</p> <p>Interview on 7-30-25 with Staff #1 revealed: -Staff #2 did say he was going to take Client #1 back to the park and drop him off. -"I was telling him no, I was in the car and I wasn't going to let that happen." -They ended up on a street near the park. -"[Staff #2] told him (Client #1) to get out. [Client #1] got out." -He talked him into getting back in the car.</p> <p>Interview on 7-30-25 with Staff #2 revealed: -"I said we would take him back to the park and drop him off. I said that because he was being violent..." -"I took him back near the park, I told him to get out. We spoke to him and he calmed down and we drove home." -He couldn't recall what Staff #1 was saying to Client #1 but he knew Staff #1 was advising Client #1 to calm down. -The Director had since given him numbers to call and "how to take care of the kids" in situations like that.</p> <p>Interview on 7-31-25 with the Director revealed: -She had talked with Staff #2 about the situation and told him in the future he needed to call someone for some help.</p>	V 110		

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STATE FORM

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V 114	<p>Continued From page 4</p> <p>findings are:</p> <p>Record review on 7-28-25 of the fire and disaster drills revealed:</p> <ul style="list-style-type: none"> -One disaster drill completed for the first quarter of 2025 -The second quarter of 2025 had no disaster drills, three fire drills, one at 10:00am, one at 11:00pm and one with no time documented. -Third quarter of 2024 had no disaster drills documented. <p>Interview on 7-23-25 with Client #1 revealed:</p> <ul style="list-style-type: none"> -He had been at the facility approximately 4 months. -He had never had a fire or disaster drill since he had been at the facility. <p>Interview on 7-23-25 with Client #2 revealed:</p> <ul style="list-style-type: none"> -He had been at the facility approximately one month. -He had not had a fire or disaster drill since he has been at the facility. <p>Interview on 7-23-25 with Client #3 revealed:</p> <ul style="list-style-type: none"> -He has been at the facility approximately eight months. -He has had both fire and disaster drills while he has been at the facility. <p>Interview on 7-29-25 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -There are 3 shifts: M-F 8am-3pm at day treatment, then 3pm-11pm, then 11pm-8am. -The shifts are the same on the weekends but the clients are not at the day program. <p>Interview on 8-5-25 with the Director revealed:</p> <ul style="list-style-type: none"> -She would ensure that all fire and disaster drills were completed quarterly on each shift and 	V 114		

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V 114	Continued From page 5 were properly documented.	V 114		
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure it had at least one full time direct care staff who meets or exceeds the requirements of an Associate Professional. The findings are:	V 295		

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V 295	Continued From page 6 Record reviews on 7-31-25 revealed: -No staff with Associate Professional qualifications. Interview on 7-29-25 with the Qualified Professional revealed: -The facility currently did not have an Associate Professional. -She and the Director were currently sharing the Associate Professional's duties Interview on 8-5-25 with the Director revealed: -The facility did not have an Associate Professional at this time. -It was her understanding that the Associate Professional had to have a bachelors degree. -She and the Qualified Professional shared the duties of the Associate Professional.	V 295			
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 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	V 366			

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V 366	Continued From page 7 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 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	V 366		

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V 366	Continued From page 8 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 for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.	V 366		

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V 366	Continued From page 9 This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to implement policies to respond to incidents. The findings are: Review on 7-28-25 of Level I incident dated May 2025 through July 2025 revealed: -Several Level I reports where Client #1 went AWOL (Absent Without Leave), attacked peers, or damaged property. -Several Level I reports where the police were involved. Interview on 7-28-25 with the Qualified Professional revealed: -The staff on duty completes the Level I reports, but the Director is responsible for them all. Interview on 7-31-25 with the Director revealed: -She knew that she was going to be cited for incident reports. -She had been very busy and the incident reports had escaped her notice. -She realizes that she needs to watch them more closely. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR	V 367		

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V 367	<p>Continued From page 10</p> <p>CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p>	V 367		

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V 367	Continued From page 11 (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; (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.	V 367		

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V 367	<p>Continued From page 12</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to report all Level II incidents to the Local management Entity in the catchment area within 72 hours of becoming aware of the incident. . The findings are:</p> <p>Review on 7-28-25 of Level I incident dated May 2025 through July 2025 revealed: -Several Level I reports where Client #1 went AWOL(Absent Without Leave), attacked peers, or damaged property. -Several Level I reports where the police were involved.</p> <p>Review on 7-30-25 of Police 911 calls for facility address revealed: -Police responded to 911 calls from the facility nine times from 5-18-25 to 7-22-25.</p> <p>Review on 7-23-25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No Level II incidents had been submitted by the facility during the months of 5-2025 though 7-22-2025.</p> <p>Interview on 7-28-25 with the Qualified Professional revealed: -The staff on duty completes the Level I reports, but the Director is responsible for putting them into the IRIS system if necessary.</p> <p>Interview on 7-31-25 with the Director revealed:</p>	V 367		

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V 367	Continued From page 13 -She knew that she was going to be cited for incident reports. -She had been very busy and the incident reports had escaped her notice. -She realizes that she needs to watch them more closely. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to be maintained in a clean, attractive and orderly manner and kept free of offensive odors. The findings are: Observation on 7-31-25 at approximately 2:00 pm revealed: -Kitchen: Broken blinds on the window, towel in the sink had very strong odor, small holes in the wall beside the pantry. -Upstairs bathroom: lock on the inside of the door was broken off, making it hard to unlock from the inside. -Client #2's room: no blinds on the window, door has a crack approximately 2 feet long, 4 small holes on the left wall, patched but not painted.	V 736		

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V 736	Continued From page 14 Interview on 7-31-25 with Staff #1 revealed: -They had gotten blinds for Client #2's room and would put them up today. -The client that previously lived in the room was responsible for the holes in the wall. Interview on 8-5-25 with the Director revealed: -They would make all necessary repairs as soon as possible.	V 736		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to be free from insects. The findings are: Observation on 7-23-25 at approximately 3:00pm, and 7-31-25 at approximately 3:00pm revealed: -Numerous flies flying in the kitchen and living room area. -Flies resting on the kitchen blinds, and the kitchen table. -Fly strip with numerous dead flies hanging over the kitchen table. Interview on 7-23-25 with the Qualified Professional revealed: -The Clients let the flies in when they leave the door open going to the backyard. -They have tried to get rid of the flies but so	V 738		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601492	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/05/2025
NAME OF PROVIDER OR SUPPLIER LIFE-WAY HOMES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7919 MOSSYCUP DRIVE CHARLOTTE, NC 28215		
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V 738	Continued From page 15 far have been unable to. Interview on 7-31-25 with Staff #1 revealed: -The flies were a problem at the house. Interview on 8-5-25 with the Director revealed: -She knew the facility had a problem with flies. -They are going to cut the bushes lower to see if that will help. -They don't want to install a storm door because they are afraid the clients will break it.	V 738		