

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/01/2025
NAME OF PROVIDER OR SUPPLIER FLYING START CREATIVE EXPRESSIONS, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1204 STERNLY WAY HIGH POINT, NC 27260		
(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 follow up survey was completed on 8/1/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	{V 000}		
{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	{V 367}		

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

TITLE

(X6) DATE

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{V 367}	Continued From page 1 or responding. (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	{V 367}		

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{V 367}	<p>Continued From page 2</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure incidents were reported to the Local Management Entity/Managed Care Organization (LME/MCO) for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 7/30/25 of the Incident Response Improvement System (IRIS) revealed: - There was no report of the 7/16/25 incident.</p> <p>Review on 7/30/25 of the Internal Incident report dated 7/16/25 revealed: - Staff reporting: AFL (Alternative Family Living) Provider - Time of incident: 8:15 pm - "While at dinner [client #1] seen a man she was</p>	{V 367}		

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{V 367}	<p>Continued From page 3</p> <p>interested in but he had woman with him, staff explained he wasn't available to date. Once reached relative house [client #1] took off running throughout the neighborhood. Staff was able to catch her and put her in the car..."</p> <p>Interview on 7/30/25 with client #1 revealed:</p> <ul style="list-style-type: none"> - On 7/16/25 she saw a man at a restaurant that she liked. - "He had a girlfriend." - After they left the restaurant, she (client #1), client #2 and the AFL Provider drove to the AFL Provider's relative's home. - After they arrived at the relative's home, she (client #1) started to run away because she "saw a man I liked but he had a girlfriend." - The AFL Provider started walking and she was running. - "I was running too fast and fell in the grass." She hit her head. - Her head did not bleed a lot. - She had a medical appointment the next morning and her doctor put staples in her head "because I fell hard." <p>Interview on 7/30/25 with the AFL Provider revealed:</p> <ul style="list-style-type: none"> - On 7/16/25 client #1 had ran away from her relative's home to go back to the restaurant where a man was located that client #1 was interested in. - She contacted client #1's mother at the time of the incident. - Client #1 fell as she was "speed walking" and fell on "uneven terrain." - Client #1 hit her head during the fall which caused client #1's head to bleed some. She cleaned the area and put antibiotic ointment on it. - The next day client #1 saw her medical doctor and he put 2 staples in her head because client 	{V 367}			

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{V 367}	Continued From page 4 #1 would "pick at sores." - She completed an internal incident report about the 7/16/25 incident and the Qualified Professional (QP) was the person who did the IRIS reports. Interview on 7/31/25 with the QP revealed: - She did not do an IRIS report for the 7/16/25 incident involving client #1. This deficiency has been cited 3 times since the original cite on 10/17/24 and must be corrected within 30 days.	{V 367}		
V 722	27G .0302 (a) DHSR Construction Approval 10A NCAC 27G .0302 FACILITY CONSTRUCTION/ALTERATIONS/ ADDITIONS (a) When construction, use, alterations or additions are planned for a new or existing facility, work shall not begin until after consultation with the DHSR Construction Section and with the local building and fire officials having jurisdiction. Governing bodies are encouraged to consult with DHSR prior to purchasing property intended for use as a facility. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to consult with the Division of Health Service Regulation (DHSR) Construction Section prior to making facility alterations. The findings are: Observation on 7/30/25 at approximately 1:25 pm of the facility's staircase leading to the 2nd floor of the facility revealed: - There was a chairlift installed on the left side of the facility staircase to transport someone from	V 722		

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V 722	Continued From page 5 the 1st level to the 2nd level of the facility. Interview on 7/31/25 with the Qualified Professional revealed: - She was aware that the AFL (Alternative Family Living) Provider had installed a chairlift in the facility. - She did not contact the DHSR Construction Section for approval to install the chairlift or make changes to the facility. Interview on 7/30/25 with the AFL Provider revealed: - The chairlift had been installed 1 to 1 1/2 months ago, sometime after the last survey (6/9/25). - She had not contacted the DHSR Construction Section for approval to install the chairlift or make changes to the facility.	V 722		
V 746	27G .0304(b)(1) Unobstructed Doors, Stairs, Corridors 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (1) All hallways, doorways, entrances, ramps, steps and corridors shall be kept clear and unobstructed at all times. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to keep steps clear and unobstructed at all times. The findings are:	V 746		

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V 746	<p>Continued From page 6</p> <p>Review on 7/30/25 of the North Carolina Residential Building Code Section 311.7.1 revealed:</p> <ul style="list-style-type: none"> - "Stairways shall not be less than 36 inches in width at all points above the permitted handrail height and below the required headroom height. Handrails shall not project more than 4 ½ inches on either side of the stairway and the clear width of the stairway at and below the handrail height, including treads and landings, shall not be less than 31 ½ inches where a handrail is installed on one side and 27 inches where handrails are provided on both sides. <p>Exceptions:</p> <ol style="list-style-type: none"> 1. The width of spiral stairways shall be in accordance with Section 311.7.10.1. 2. Stairways not required for egress shall be permitted to be a minimum width of 26 inches." <p>Observation on 7/30/25 at approximately 1:25 pm of the facility's staircase revealed:</p> <ul style="list-style-type: none"> - There was a chairlift installed on the left side of the facility's staircase. - The distance between the metal track of the chairlift installed on the stairs and the opposite wall was 30 inches. - There was only one handrail which was directly above the metal track of the chairlift. - All client bedrooms were upstairs. <p>Interview on 7/30/25 with the Division of Health Service Regulation (DHSR) Construction Section Team Lead revealed:</p> <ul style="list-style-type: none"> - The chairlift "impedes egress because it is a path of egress." <p>Interview on 8/1/25 with client #1 revealed:</p> <ul style="list-style-type: none"> - She could not remember when the chairlift was installed. 	V 746		

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V 746	<p>Continued From page 7</p> <ul style="list-style-type: none"> - She had been able to get up and down the stairs since the chairlift had been installed. - If there was a fire she would "try" to get down the stairs. <p>Interview on 8/1/25 with client #2 revealed:</p> <ul style="list-style-type: none"> - The chairlift was installed "about a month ago." - Since the chairlift had been installed, "it's not harder to get down the steps at all." - "I can get down the stairs if there was a fire." <p>Interview on 8/1/25 with client #3 revealed:</p> <ul style="list-style-type: none"> - She did not know when the chairlift had been installed. - Since the chairlift had been installed, she was able to get up and down the stairs "just fine." - If there was a fire she would be able to get down the stairs. - Since the chairlift was installed her ability to go up and down the stairs had not changed. <p>Interview on 8/1/25 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - She did not understand the issue with the chair lift. - "I went up those stairs..." <p>Interview on 8/1/25 with the AFL (Alternative Family Living) Provider revealed:</p> <ul style="list-style-type: none"> - The chairlift was installed for her personal health issues and the clients do not use the chairlift. - The chairlift was installed after the last DHSR Mental Health Licensure survey on 6/9/25. <p>Review on 8/1/25 of the Plan of Protection #4 dated 8/1/25 written by the QP revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Staff will increase monitoring of the stair area. In addition, staff will assist when consumer(s) need</p>	V 746			

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V 746	Continued From page 8 to access stairs to ensure safety around the lift. Effective: 8/1/25. Describe your plans to make sure the above happens. The QP and AFL Provider will provide supervision in the home for the health and safety of the consumer(s) when accessing the stair area. The staff will call 911 in case of an emergency. Effective: 8/1/25. Review on 8/1/25 of the Plan of Protection #3 dated 8/1/25 written by the QP revealed: What immediate action will the facility take to ensure the safety of the consumers in your care? Staff will increase monitoring of the stair area. In addition, staff will assist when consumer(s) need to access stairs to ensure safety around the lift. Effective: 8/1/25. Describe your plans to make sure the above happens. The QP and AFL Provider will provide supervision in the home for the health and safety of the consumer(s) when accessing the stair area. Effective: 8/1/25. Review on 8/1/25 of the Plan of Protection #2 dated 8/1/25 written by the QP revealed: What immediate action will the facility take to ensure the safety of the consumers in your care? Staff will increase monitoring of the stair area. In addition, staff will assist when consumer(s) need to access stairs to ensure safety around the lift. Effective: 8/1/25. Describe your plans to make sure the above happens. The QP and AFL Provider will in-service staff to ensure the health and safety for the consumer(s). The local building inspector will be called for the chairlift to be evaluated and follow the proper protocol for installaion. The AFL Provider will also have the people who installed the chairlift to look over teh chairlift to provide some clarity, if there is	V 746			

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V 746	<p>Continued From page 9</p> <p>a problem that needs to be corrected. Effective Date: 10/1/2025.</p> <p>Review on 8/1/25 of the Plan of Protection #1 dated 8/1/25 written by the QP revealed: What immediate action will the facility take to ensure the safety of the consumers in your care? The QP called the Division Health Licensure Service of Construction on 8/1/2025 and talked with a [team lead DHSR Construction] about the chairlift in the home that was installed. He explains due to the home being license under the Division of Health Regulation there are steps that should have been completed before installing a chairlift due to the individual that live there, this has become a safety issue. He informed me to call the local building inspection to have the chairlift evaluated due regulations. To follow up on the Egress of the stairway. Effective 8/1/2025 Describe your plans to make sure the above happens.</p> <p>The local building inspection will be called for the chairlift to be evaluated at this time. The AFL Provider will also have the people who install the chairlift to look over the chairlift to provide some clarity, if there is a problem that needs to be corrected Effective 10/1/2025"</p> <p>This facility served clients with diagnoses of: Moderate Intellectual Disabilities; Autism Spectrum Disorder; Attention Deficit Hyperactivity Disorder; Impulse Control Disorder; Unspecified Disruptive Conduct Disorder; Traumatic Brain Injury; Neurocognitive Disorder; and Major Depressive Disorder. The facility had installed a chairlift system in the stairwell which did not comply with the State building code safety requirements of a minimum of a 31-1/2 inch clear width of the stairwell. The 3 clients who lived in the facility all had bedrooms upstairs. The chairlift was a safety and egress issue.</p>	V 746			

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V 746	Continued From page 10 This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.	V 746			