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V 000	INITIAL COMMENTS A complaint survey was completed on 8/12/25. The complaint was substantiated (Intake #NC00232773). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 1 current client.	V 000		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for	V 109		

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V 109	Continued From page 1 MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 of 1 staff (Co-owner/Registered Nurse (RN)) demonstrated competency. The findings are: Review on 8/8/25 of the Co-owner/RN's personnel record revealed: - Date of hire: 5/9/09 - Education: Associate's Degree - North Carolina Board of Nursing active RN license Review on 8/5/25 Client #1's Emergency Medical Services (EMS) Patient Care Record revealed: - incident dated: 7/26/25 - primary impression: heatstroke and sunstroke - protocols used: environmental-heat exposure/exhaustion - adults only - "...the environment the patient is in is extremely hot. There is no AC (air conditioning) noted in the facility...Outside air temp is near 100 degrees at the time of the call."	V 109		

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V 109	Continued From page 2 - "Treatment as documented. Patient is taken to nearest fire station and immersed in ice water via body bag. He is never noted to have shivering present. He is monitored for duration of immersion. He remains in ice water until his temperature reaches 98 degrees and his mentation improves.Patient is transported to (local emergency room)..." - incident dated: 7/29/25 - primary impression: fever - "EMS 12 dispatched out to a 64 years of age Pt (patient) that is noted to be coming from a group home. Pt was noted to have been seen at the ER within the past several days...Upon arrival to the Pt this evening it is found to be 90 degrees in the residence with staff stating that the air conditioning had been out for several days and that they couldn ' t get anybody out to fix it... Pt is found to be extremely hopt (hot) to the touch and is noted to be somewhat altered which is noted to be normal for the pt. group home staff states that he has had a fever ever since he came back from the hospital. Pt was taken outside and placed onto the stretcher where he could be assessed and treated in a cool environment. during assessment Pt is noted to state that he started to feel much better once out of the residence due to ambient temperature. Pt was transported to [local hospital] and treated per protocol throughout transport with improvement noted." Review on 8/8/25 of the local weather temperatures online revealed: Temperatures (local) during the week of July 21, 2025: - July 21: High of 95°F - July 22: High of 90°F - July 23: High of 88°F - July 24: High of 90°F	V 109		

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V 109	Continued From page 3 - July 25: High of 96°F - July 26: High of 98°F - July 27: High of 99°F - "The highest temperature recorded in July was 99°F on July 27." - "July 21st - July 30th was marked by a heatwave with heat index values reaching dangerous levels. An extreme heat warning was issued for the area, including a temperature of 95 degrees F and a heat index of up to 107 degrees." Interview on 7/30/25 Client #2 reported: - hadn't been living in facility that long - he shared a room with client #6 - the air had not been working since the last storm "a couple of Mondays ago" - it was getting so hot that he was sweating where you could see the sweat going down his shirt - he would change clothes about 3 or 4 times a day - everybody brought a fan but he didn't have any money to buy a fan - his roommate (client #6) brought a fan, but the fan was only on his roommate - no one offered to buy him a fan - the last couple of weeks, even on the real hot days, they did not have any air Interview on 7/30/25 Client #3 reported: - been living in the facility for a year - he had his own room that wasn't affected by the air not working - it was hot in the kitchen and the dining room - if you sit still, you can cool off but if you start moving again you get hot - he stayed in his room a lot where the air was - he tried to keep his door closed to keep the air in and keep the temperature "balanced"	V 109		

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V 109	Continued From page 4	V 109		

- if he kept his door opened, it would get hot because of the side of the house that didn't have air
- he was not sure when the air stopped working

Interview on 7/30/25 Client #4 reported:
- been living in the facility for a year
- the air had been out "seems like the past two months or so"
- he had his own room where the air continued working
- "it was kind of mug, a little muggy in the kitchen"
- "it was exceptionally muggy for living in a house"
- he stayed in his room a lot with the air
- eating dinner in the dining room, "it was okay"
- sometimes he "scarfed" down his food to get back in his room with the air

Interview on 7/30/25 Client #5 reported:
- been living in the facility for 3 years
- the air hadn't been working for about a month
- he told staff #1 that it was hot in the room and she said that someone would be coming to fix the air
- he told her this when it first started getting hot
- his sister brought him a fan because he was sweating a lot and was hot
- it was really hot over the weekend (this past weekend)

Interview on 7/30/25 Client #6 reported:
- been living in the facility for about a month
- it was hot in his room the last couple of weeks
- "it was pretty hot"
- he purchased a fan from a local store
- he was sweating a lot when he went in the

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V 109	Continued From page 5	V 109		

kitchen and dining room
- he stayed in his room a lot with the fan

Interview on 7/30/25 Staff #1 reported:
- the air had not been working since this past Saturday and she called the repairman
- they (the repairman) fixed the air but only one side was working
- she noticed that client #1's room was hot when the air was not working
- the "guys" (clients) told her that they needed fans because they were hot
- client #1 went to the hospital this past weekend for a fall

Interview on 7/30/25 the Supervisor in Charge (SIC) reported:
- been having an issue with the air conditioning for the past week "at least"
- they didn't have air on one side of the facility that consisted of the living room, dining room, kitchen, a bathroom and 2 bedrooms
- client #1 went to the hospital 7/26/25 and was diagnosed with heat exhaustion
- on the night of 7/27/25, client #1 "was out of it" and walking back and forth and couldn't keep still
- staff #1 took client #1 to her room where it was cooler
- staff #1 was directed to call 911

Further interview on 8/7/25 Staff #1 reported:
- client #1 didn't have a fan but his roommate had a fan that was only facing him
- she asked client #1 if he wanted a fan and he said no

Interview on 8/8/25 the Co-owner/RN reported:
- the air conditioner first started having problems in July 2025

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V 109	Continued From page 6	V 109		

- the air conditioner was cooling but not cooling very well
- the air conditioner was not completely broken and was working "on and off"
- she called a technician who told her that she needed a new unit
- she was told by the SIC that both rooms without air had fans
- she didn't know anything about client #2 not having a fan
- client #1 was in the same room with client #5 but client #1 did not have his own fan
- she confirmed that client #1 and client #2 did not have personal fans while the air was not working
- the night that client #1 went to the hospital, she told staff that they could get portable air conditioners

Interview on 8/5/25 the technician with the local air conditioning company reported:
- the original service call was 7/21/25
- the unit needed to be replaced on that side of the house

Interview on 8/5/25 the Lieutenant for the local fire department reported:
- he responded to an emergency call late Sunday night/early Monday morning 7/27/25
- he received a call for a sick person and client #1 ended up having fever
- there was no call about client #1 falling that night
- he and EMS walked in together and they both said "boy it's hot in here"
- there were no portable air conditioners or window units
- the thermometer in the dining room read 90 degrees at 1:00am
- client #1 was "sitting there like a zombie, and

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V 109	Continued From page 7 they had to help him up and help him move" - he was not responding and could not walk - the side of he facility that had the AC had their doors shut so air was unable to circulate to other areas - as soon as they got client #1 in the ambulance with the AC, he was able to talk more Interview on 8/8/25 with Client #5's sister reported: - she knew about the air not working because she visited her brother - on 7/21/25, she and another sister went to the facility to take client #5 some items and he came out with his shirt soak and wet - client #5 told her that they didn't have any air and it was hot - she asked client #5 if he wanted her to buy him a fan and he said "please sis" - she brought the fan the same day because he was on medicine and she didn't want him to overheat	V 109		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and	V 118		

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V 118	Continued From page 8 privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to administer medications on the written order of a physician and failed to demonstrate competency affecting 1 of 6 clients (#1). The findings are: Review on 7/30/25 client #1's record revealed: - Admitted: 3/5/24 - Diagnoses: Schizophrenia, Hypothyroidism, Dyslipidemia, Constipation, Seborrheic Dermatitis - Physician's order dated 2/12/25 revealed: - Tylenol Extra Strength 500 milligram (mg) capsules (cap), caps 1-2 by mouth every 6 hours as needed (PRN) for headache, fever or pain Review on 8/7/25 of client #1's July 2025 MAR	V 118		

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V 118	Continued From page 9 revealed: - Acetaminophen (AC) Non-Aspirin 500mg tablet (tabs), take 1-2 tabs by mouth every six hours as needed for headache, for fever, or for pain - no staff initials as medication being administered during the month of July Interview on 7/30/25 staff #1 reported: - client #1 had a fever of 100 degrees on 7/27/25 and she gave him some cold water - she did not give him any Tylenol - she called the co-owner/registered nurse (RN) who instructed her to call 911 Further interview on 8/7/25 staff #1 reported: - she was trying to deal with client #1 not falling because he kept walking back and forth so she wasn't able to give him any medication for his fever Interview on 8/7/25 the Supervisor In Charge (SIC) reported: - the facility had pain relievers and fever reducers - she thought that staff #1 didn't give client #1 any fever reducer because everything was happening so fast - she didn't think staff #1 really knew what to do Interview on 8/8/25 the Co-owner/RN reported: - she received a call from staff #1 saying that client #1 had a fever of 103 degrees - she advised staff #1 to give client #1 Tylenol but she wanted her to call 911 first - she told staff #1 to check client #1's MAR to see what to give for the fever but 911 responded - she was not sure if staff #1 gave client #1 the Tylenol	V 118		

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V 139	27G .0404 (F-L) Operations During Licensed Period 10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD (f) DHSR shall conduct inspections of facilities without advance notice. (g) Licenses for facilities that have not served any clients during the previous 12 months shall not be renewed. (h) DHSR shall conduct inspections of all 24-hour facilities an average of once every 12 months, to occur no later than 15 months as of July 1, 2007. (i) Written requests shall be submitted to DHSR a minimum of 30 days prior to any of the following changes: (1) Construction of a new facility or any renovation of an existing facility; (2) Increase or decrease in capacity by program service type; (3) Change in program service; or (4) Change in location of facility. (j) Written notification must be submitted to DHSR a minimum of 30 days prior to any of the following changes: (1) Change in ownership including any change in partnership; or (2) Change in name of facility. (k) When a licensee plans to close a facility or discontinue a service, written notice at least 30 days in advance shall be provided to DHSR, to all affected clients, and when applicable, to the legally responsible persons of all affected clients. This notice shall address continuity of services to clients in the facility. (l) Licenses shall expire unless renewed by DHSR for an additional period. Prior to the expiration of a license, the licensee shall submit to DHSR the following information:	V 139		

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V 139	Continued From page 11 (1) Annual Fee; (2) Description of any changes in the facility since the last written notification was submitted; (3) Local current fire inspection report; (4) Annual sanitation inspection report, with the exception of a day/night or periodic service that does not handle food for which a sanitation inspection report is not required; and (5) The names of individuals who are owner, partners or shareholders holding an ownership or controlling interest of 5% or more of the applicant entity. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide the required written documentation of emergency relocation of clients to the Department of Health Service Regulations (DHSR). The findings are: Review on 8/8/25 of a hotel receipt revealed: - check in date & time: 7/29/25 2:51am Review on 8/8/25 of DHSR's facility folder revealed: - No emergency relocation application was provided by the facility. Interview on 7/30/25 the Supervisor in Charge (SIC) reported: - the facility didn't have air conditioning on one side of the facility - client #1 & client #5's shared bedroom did not have air conditioning - client #2 & client #6's shared bedroom did not	V 139		

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V 139	Continued From page 12 have air conditioning - the facility had been having a problem with the air conditioning for "at least" the past week - the same day that client #1 went to the hospital, the Co-Owner/Registered Nurse (RN) moved client #2, client #5 and client #6 to a hotel for the day until they purchased the portable air conditioners for the facility Interview on 8/8/25 the Co-owner/RN reported: - she had the clients go to a hotel the morning that client #1 went to the hospital - the air conditioner first started having problems sometime in July 2025 Further interview on 8/12/25 the Co-owner/RN reported: - she had never heard of an emergency relocation - "I just figured to get them (clients) out of the heat and into some air"	V 139		
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	V 366		

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V 366	Continued From page 13 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 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:	V 366		

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	MHL051-203	A. BUILDING: _____ B. WING _____	C 08/12/2025

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V 366	Continued From page 14 (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 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 15	V 366		

This Rule is not met as evidenced by:
Based on record review and interview, the facilty failed to document their response to a Level II incident. The findings are:

Review on 7/30/25 client #1's record revealed:
- Admitted: 3/5/24
- Diagnoses: Schizophrenia, Hypothyroidism, Dyslipidemia, Constipation, Seborrheic Dermatitis

Review on 8/5/25 Client #1's Emergency Medical Services (EMS) Patient Care Record revealed:
- incident dated: 7/26/25
  - primary impression: heatstroke and sunstroke
- incident dated: 7/29/25
  - primary impression: fever and "patient extremely hot to the touch"
  - 90 degrees in the residence at the time of the response by EMS

Review on 7/30/25 of the facility records revealed:
- no documentation for client #1's emergencies related to heat exposure to include:
  - attending to the health and safety needs of client #1
  - determining the cause of the incident
  - developing and implementing corrective measures
  - developing and implementing measures to prevent similar incidents
  - assigning persons to be responsible for implementation of the corrections and preventive

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V 366	Continued From page 16 measures - maintaining documentation Interview on 7/30/25 the Supervisor In Charge reported: - client #1's health was declining and had been for months - they had discussed client #1's declining health - air conditioners were purchased after client #1 went to the hospital - confirmed no documentation of debriefing of client #1's emergency room visits this past weekend Interview on 8/7/25 the QP reported: - client #1 went to the hospital for a fall - confirmed no documentation of debriefing of client #1's emergency room visits this past weekend Interview on 8/8/25 the Co-owner/Registered Nurse reported: - the portable air conditioners were purchased after client #1 went to the hospital - confirmed no documentation of debriefing of client #1's emergency room visits this past weekend	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	V 367		

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V 367	Continued From page 17 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. (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	V 367		

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V 367	Continued From page 18 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	Continued From page 19 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure incident reports were submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours. The findings are: Review on 8/5/25 Client #1's Emergency Medical Services (EMS) Patient Care Record revealed: - incident dated: 7/26/25 - primary impression: heatstroke and sunstroke - protocols used: environmental-heat exposure/exhaustion - adults only - "...the environment the patient is in is extremely hot. There is no AC (air conditioning) noted in the facility...Outside air temp is near 100 degrees at the time of the call." - "Treatment as documented. Patient is taken to nearest fire station and immersed in ice water via body bag. He is never noted to have shivering present. He is monitored for duration of immersion. He remains in ice water until his temperature reaches 98 degrees and his mentation improves.Patient is transported to (local emergency room)..." - incident dated: 7/29/25 - primary impression: fever - "EMS 12 dispatched out to a 64 years of age Pt (patient) that is noted to be coming from a group home. Pt was noted to have been seen at the ER within the past several days...Upon arrival to the Pt this evening it is found to be 90 degrees in the residence with staff stating that the air conditioning had been out for several days and that they couldn ' t get anybody out to fix it... Pt is found to be extremely hopt (hot) to the touch and is noted to be somewhat altered which is noted to be normal for the pt.	V 367		

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group home staff states that he has had a fever ever since he came back from the hospital. Pt was taken outside and placed onto the stretcher where he could be assessed and treated in a cool environment. during assessment Pt is noted to state that he started to feel much better once out of the residence due to ambient temperature. Pt was transported to [local hospital] and treated per protocol throughout transport with improvement noted."

Review on 7/30/25 of the Incident Response Improvement System (IRIS) revealed:
- no entries in reference to client #1's emergencies related to heat exposure

Interview on 7/30/25 the Supervisior In Charge reported:
- she did not do IRIS reports
- the Qualified Professional (QP) and the Co-owner/Registered Nurse (RN) completed them
- client #1's health was declining and had been for months and that was why he was going to the hospital
- they had discussed client #1's declining health but did not document the emergency room visits

Interview on 8/7/25 the QP reported:
- she and the Co-owner/RN did IRIS reports
- she didn't think that an IRIS report was needed for client #1
- client #1 went to the hospital for a fall

Interview on 8/5/25 the Lieutenant for the local fire department reported:
- he responded to an emergency call late Sunday night/early Monday morning 7/27/25
- he received a call for a sick person and client

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V 367	Continued From page 21 #1 ended up having fever - there was no call about client #1 falling that night - he and EMS walked in together and they both said "boy it's hot in here" - there were no portable air conditioners or window units - the thermometer in the dining room read 90 degrees at 1:00am - client #1 was "sitting there like a zombie, and they had to help him up and help him move" - he was not responding and could not walk - the side of he facility that had the AC had their doors shut so air was unable to circulate to other areas - as soon as they got client #1 in the ambulance with the AC, he was able to talk more	V 367		