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V 000	INITIAL COMMENTS A complaint and follow up survey was completed on August 7, 2025. The complaint was unsubstantiated (intake #NC00232862). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 4 and has a current census of 2. The survey sample consisted of audits of 1 current client and 2 former clients.	V 000		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to the date of hire for one of five audited staff (#7). The findings are: Review on 8/7/25 staff #7's record revealed: -Date of hire: 7/14/25.	V 131		

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V 131	Continued From page 1 -No documentation the HCPR was accessed prior to hire. Interview on 8/7/25 the Qualified Professional (QP) stated: -She was responsible for ensuring the HCPR was accessed prior to hire for all staff. -"The reason the HCPR was not pulled (accessed) was because the internet had been down at the facility." -She understood that the HCPR was to be accessed prior to hiring a staff. -She would make sure that all staff had an HCPR check prior to hire. Interview on 8/7/25 the Vice President of Operations stated: -The QP was responsible for the assess of the HCPR checks for staff prior to hire. -The facility would ensure all HCPR checks were accessed prior to a person being hired.	V 131		
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	V 132		

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(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 a patient or client for whom the employee is providing services).
Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that the Health Care Personnel Registry (HCPR) was notified of all allegations against healthcare personnel and all allegations were investigated. The findings are:

Review on 8/5/25 of the facility's records from 7/15/25-8/5/25 revealed no documentation that the allegation of abuse by staff #4 and staff #6, reported on 7/22/25, was reported to HCPR.

Review on 8/5/25 of client #2's record revealed:
- Date of admission: 7/8/24.
-Diagnoses: Autism, Major depressive disorder-Moderate, Post-traumatic stress disorder, Attention-deficit hyperactivity disorder, Oppositional defiant disorder, Gastroesophageal reflux, Type 2 Diabetes, Obesity, Hyperlipidemia, Seborrheic dermatitis and Folliculitis.

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Review on 8/7/25 of staff #4's record revealed:
-Date of hire: 10/2/24.
-Job title: Direct Support Professional.

Review on 8/7/25 of staff #6's record revealed:
-Date of hire: 7/14/25.
-Job title: Direct Support Professional.

Interview on 8/5/25 client #2 stated:
-"[Staff #4] beat me up by hitting me with his fist at the end of July."
-He denied any other abuse from staff.
-He did not report the abuse to any staff.

Interview on 8/6/25 staff #4 stated:
-He had worked at the facility since last October.
-No clients had reported any allegations of abuse to him.
-He had not hit or mistreated any clients.
-He had not seen any staff hit or mistreat any clients.
-Client #2 had bruises on his face from "banging" his own head into the wall and hitting himself at the end of July.

Interview on 8/7/25 staff #6 stated:
-He had worked at the facility almost a month.
-Client #2 reported that he and staff #4 had hit him on 7/22/25 during a doctors visit.
-He reported the allegations to the Qualified Professional (QP) on 7/22/25.
-Client #2 retracted his statement after making the allegation.
-He denied hitting or any mistreatment of any clients.

Interview on 8/5/25 the Qualified Professional stated:
-Client #2 made a verbal allegation of abuse against staff #4 and staff #6 on 7/22/25 at a

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V 132	Continued From page 4 doctor's visit. -Client #2 retracted his statement about the abuse against staff #4 and staff #6 after making the statement. -She had not reported the allegation to HCPR or completed an internal investigation. -"No report was made to HCPR because I was an eyewitness and saw what happened, no staff abused or mistreated [client #2]."	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 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	V 366		

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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 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

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V 366	Continued From page 6 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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement and document their response to Level III incidents. The findings are: Review on 8/5/25 of facility's records revealed:	V 366		

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-No incident reports for client #2's allegation of abuse against staff # 4 and staff #6 on 7/22/25.
-No response to the level III incident.

Review on 8/5/25 of client #2's record revealed:
- Date of admission: 7/8/24.
-Diagnoses: Autism, Major depressive disorder-Moderate, Post-traumatic stress disorder, Attention-deficit hyperactivity disorder, Oppositional defiant disorder, Gastroesophageal reflux, Type 2 Diabetes, Obesity, Hyperlipidemia, Seborrheic dermatitis and Folliculitis.

Review on 8/7/25 of staff #4's record revealed:
-Date of hire: 10/2/24.
-Job title: Direct Support Professional.

Review on 8/7/25 of staff #6's record revealed:
-Date of hire: 7/14/25.
-Job title: Direct Support Professional.

Interview on 8/5/25 client #2 stated:
-"[Staff #4] beat me up by hitting me with his fist at the end of July."
-He denied any other abuse from staff.
-He did not report the abuse to any staff.

Interview on 8/6/25 staff #4 stated:
-He had worked at the facility since last October.
-No clients had reported any allegations of abuse to him.
-He had not hit or mistreated any clients.
-He had not seen any staff hit or mistreat any clients.
-Client #2 had bruises on his face from "banging" his own head into the wall and hitting himself at the end of July.

Interview on 8/7/25 staff #6 stated:
-He had worked at the facility almost a month.

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V 366	Continued From page 8 -Client #2 reported that he and staff #4 had hit him on 7/22/25 during a doctors visit. -He reported the allegations to the Qualified Professional (QP) on 7/22/25. -Client #2 retracted his statement after making the allegation. -He denied hitting or any mistreatment of any clients. Interview on 8/5/25 the Qualified Professional (QP) stated: -Client #2 made a verbal allegation of abuse against staff #4 and staff #6 on 7/22/25 during a doctor's visit. -Client #2 retracted his statement after making the allegation. -No level III incident report had been completed. -There was not a response to the level III incident because she "was an eyewitness and saw what happened." Interview on 8/7/25 the Vice President of Operations stated: -The QP made him aware of the allegation of abuse that was made on 7/22/25. -The QP stated that it was not a "credible allegation" based on her "recollection." -The QP was responsible for the response to incidents.	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	V 367		

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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.
(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

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V 367	Continued From page 10 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	Continued From page 11 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure an allegation was reported to the Local Management Entity/Managed Care Organization (LME/MCO) for the catchment area where services are provided as required after becoming aware of the allegation. The findings are: Review on 8/5/25 of the North Carolina Incident Response Improvement System (IRIS) revealed no level III incident report for client #2's allegation of abuse reported on 7/22/25. Interview on 8/5/25 the Qualified Professional stated: -Client #2 made a verbal allegation of abuse against staff #4 and staff #6 on 7/22/25 at a doctor's visit. -No IRIS report was submitted for the allegation of abuse of client #2 by staff #4 and staff #6. -"No incident report or IRIS report was completed because I was an eyewitness and saw what happened, no staff abused or mistreated [client #2]." -She understood that all allegations of abuse were to be reported to IRIS "in the appropriate timeframe." Interview on 8/7/25 the Vice President of Operations stated: -The QP made him aware of the allegation of abuse that was made on 7/22/25 of client #2 by staff #4 and staff #6. -The QP stated that it was not a "credible allegation" based on her "recollection." -The QP was responsible for incident reports and IRIS reports.	V 367		

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V 367	Continued From page 12 -He understood that all allegations of abuse are to be reported to IRIS in the appropriate timeframe.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (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	V 500		

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V 500	Continued From page 13 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all instances of alleged or suspected abuse, neglect or exploitation were reported to the local Department of Social Services (DSS). The findings are: Review on 8/5/25 of the facility's records from 7/1/25 - 8/5/25 revealed no reports or allegations of abuse to the local DSS.	V 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-103	A. BUILDING: _____ B. WING _____	R 08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACH FARM ROAD	1391 PEACH FARM ROAD LILLINGTON, NC 27546

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V 500	Continued From page 14 Review on 8/5/25 of client #2's record revealed: - Date of admission: 7/8/24. -Diagnoses: Autism, Major depressive disorder-Moderate, Post-traumatic stress disorder, Attention-deficit hyperactivity disorder, Oppositional defiant disorder, Gastroesophageal reflux, Type 2 Diabetes, Obesity, Hyperlipidemia, Seborrheic dermatitis and Folliculitis. Interview on 8/5/25 the Qualified Professional stated: -On 7/22/25 she was informed that client #2 made an allegation of abuse against staff #4 and staff #6 on an unknown date. -She had not reported the allegation of abuse made on 7/22/2 by client #2 to DSS. -She understood she was required to report all allegations of abuse, neglect or exploitation to the local DSS.	V 500		