STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 August 15, 2025. The complaints were unsubstantiated (intake #NC00232996 & NC00233158). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness. 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances. 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders. 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program. 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program. 10A NCAC 27G. 5400 Day Activity for Individuals of All Disability Groups. This facility has a current census of 49. The .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness (PSR) has a current census of 30 and the .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances has a current census of 9 and the .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders has a current census of 0 and the .4400 Substance Abuse Intensive Outpatient Program has a current census of 10 and the .4500 Substance Abuse Comprehensive Outpatient Treatment Program has a current census of 0 and the .5400 Day Activity for Individuals of All Disability Groups has a current census of 0. The survey sample consisted of audits of 3 current Day Treamtent for Children	V 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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	Continued From page 1 and Adolescents with Emotional or Behavioral Disturbances clients. .	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 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	V 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 132	Continued From page 2	V 132		

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 interviews the facility failed to ensure the Health Care Personnel Registry (HCPR) was notified of an allegation of abuse against the Assistant Director . The findings are:

Review on 8/12/25 of client #1's record revealed:
-Age 10 years old.
-Admission date of 7/8/25.
-Diagnoses of Oppositional Defiant Disorder by History; Attention Deficit Disorder by History; Reaction to Stress by History; Post Traumatic Stress Disorder.

Review on 8/12/25 of the facility's in-house incident report dated 8/5/25 revealed:
-"Type of Incident: False Allegations of Child Abuse.
On 8/5/25 at approximately 3:30 pm, the Director was in the game room waiting for the clients to get picked up. [Client #1] and [client #2] were playing games and they started talking trash to each other about who is better. [Client #1] and [client #2] were both name calling and the [Director] de-escalated the situation through proper verbal communication. [Client #1] continued to be verbally aggressive. The [Director] verbally redirected [client #1] and [client #1] started cursing saying, shut up the f**k up and started hollering. The Director asked [client #1] to remove himself from the game room and [client #1] headed to the [Assistant Director's] (AD) office to calm down like he usually does. While the [AD] was talking with [client #1] to calm [client #1] down, [client #1] started escalating and trying

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 132	Continued From page 3	V 132		

to be aggressive by physically attacking the [AD]. [Client #1] called his grandmother to come pick him up. [Client #1] tried to attack the [AD] and the [AD] as a result used his Evidence Based Protective Inventions (EBPI) technique to restrain [client #1] from further physically assaulting the [AD] and/or harming [client #1]. The [Director] and the [AD] escorted [client #1] outside to wait for [client #1] to be picked up by his grandmother. [Client #1's] grandmother called the [Director] at 3:38 pm and 3:43 pm to see what happened. The [Director] went upstairs where the [Director] could still see the [AD] and [client #1]. [Client #1's] grandmother arrived at 3:50 p.m. to pick up [client #1]. [Client #1] got into the car and [client #1's] grandmother rolled the window down to talk to the [AD]. The [Director] was looking out the window when [client #1] jumped out of the car and attacked the [AD]. The [AD] then used the EBPI technique a second time to restrain [client #1] again to protect the [AD] and put him back in the car ..."

Review on 8/14/25 of the Incident Response Improvement System (IRIS) dated 8/13/25 revealed:
-Date of Incident 8/5/25.
-"Restrictive Interventions was used by [Assistant Director] (AD) to protect (AD) from harm and harm to [client #1]. No injury bruises are visible."
-HCPR box on the IRIS report was not checked.

Interview on 8/12/25 with the Director revealed:
-Client #1 was placed in a restraint on 8/5/25.
-He received a call from the local behavioral health center regarding allegations of abuse on 8/5/25.
-He was unaware of the process of reporting allegations of abuse to HCPR.
-Going forward he would be responsible for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 132	Continued From page 4 reporting allegations of abuse to HCPR. -"I completed the IRIS report on 8/13/25 after surveyor discussed the State rules with me." -He completed the IRIS on 8/13/25 however failed to check the HCPR box. -He would make corrections on the IRIS report, check the appropriate box and resend. -He was learning how to fill out and complete the IRIS report. Interview on 8/12/25 with the Owner/Qualified Professional revealed: -He thought an IRIS report was completed. -The Director was responsible for completing the IRIS report and alerting HCPR. -The Director would make changes to the IRIS report and alert HCPR.	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;	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 366	Continued From page 5 (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 occurrence of future incidents;	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 366	Continued From page 6 (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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 366	Continued From page 7	V 366		

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to implement a policy governing their response to Level III incidents as required. The findings are:

Review on 8/12/25 of client #1's record revealed:
-Age 10 years old.
-Admission date of 7/8/25.
-Diagnoses of Oppositional Defiant Disorder by History; Attention Deficit Disorder by History; Reaction to Stress by History; Post Traumatic Stress Disorder.

Review on 8/12/25 of the facility's in-house incident report dated 8/5/25 revealed:
-"Type of Incident: False Allegations of Child Abuse.
On 8/5/25 at approximately 3:30 pm, the Director was in the game room waiting for the clients to get picked up. [Client #1] and [client #2] were playing games and they started talking trash to each other about who is better. [Client #1] and [client #2] were both name calling and the [Director] de-escalated the situation through proper verbal communication. [Client #1] continued to be verbally aggressive. The [Director] verbally redirected [client #1] and [client #1] started cursing saying, shut up the f**k up and started hollering. The Director asked [client #1] to remove himself from the game room and [client #1] headed to the [Assistant Director's] (AD) office to calm down like he usually does. While the [AD] was talking with [client #1] to calm [client #1] down, [client #1] started escalating and trying to be aggressive by physically attacking the [AD]. [Client #1] called his grandmother to come pick

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 366	Continued From page 8	V 366		

him up. [Client #1] tried to attack the [AD] and the [AD] as a result used his Evidence Based Protective Inventions (EBPI) technique to restrain [client #1] from further physically assaulting the [AD] and/or harming [client #1]. The [Director] and the [AD] escorted [client #1] outside to wait for [client #1] to be picked up by his grandmother. [Client #1's] grandmother called the [Director] at 3:38 pm and 3:43 pm to see what happened. The [Director] went upstairs where the [Director] could still see the [AD] and [client #1]. [Client #1's] grandmother arrived at 3:50 p.m. to pick up [client #1]. [Client #1] got into the car and [client #1's] grandmother rolled the window down to talk to the [AD]. The [Director] was looking out the window when [client #1] jumped out of the car and attacked the [AD]. The [AD] then used the EBPI technique a second time to restrain [client #1] again to protect the [AD] and put him back in the car ..."

Review on 8/14/25 of the Incident Response Improvement System (IRIS) report dated 8/13/25 revealed:
-Date of Incident 8/5/25.
-"Restrictive Interventions was used by [Assistant Director] (AD) to protect (AD) from harm and harm to [client #1]. No injury bruises are visible."

Interview on 8/12/25 with the Director revealed:
-He did not know an incident report needed to be completed.
-He thought an incident report needed to be generated only if the facility called the police.
-The facility did not call the police.
-"I completed the IRIS report on 8/13/25 after surveyor discussed the State rules with me."

Interview on 8/12/25 with the Owner/Qualified Professional revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 366	Continued From page 9 -He thought an incident report was completed. -The Director was responsible for completing the IRIS report. -The facility did not complete an IRIS report on 8/5/25 after the restrictive intervention and allegation of abuse.	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. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 367	Continued From page 10	V 367		

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;
(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;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 367	Continued From page 11 (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 interviews, the facility failed to ensure an incident was 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 an allegation of abuse. The findings are: Review on 8/12/25 of client #1's record revealed: -Age 10 years old. -Admission date of 7/8/25. -Diagnoses of Oppositional Defiant Disorder by History; Attention Deficit Disorder by History; Reaction to Stress by History; Post Traumatic Stress Disorder. Review on 8/12/25 of the facility's in-house incident report dated 8/5/25 revealed: -"Type of Incident: False Allegations of Child Abuse. On 8/5/25 at approximately 3:30 pm, the Director	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 367	Continued From page 12 was in the game room waiting for the clients to get picked up. [Client #1] and [client #2] were playing games and they started talking trash to each other about who is better. [Client #1] and [client #2] were both name calling and the [Director] de-escalated the situation through proper verbal communication. [Client #1] continued to be verbally aggressive. The [Director] verbally redirected [client #1] and [client #1] started cursing saying, shut up the f**k up and started hollering. The Director asked [client #1] to remove himself from the game room and [client #1] headed to the [Assistant Director's] (AD) office to calm down like he usually does. While the [AD] was talking with [client #1] to calm [client #1] down, [client #1] started escalating and trying to be aggressive by physically attacking the [AD]. [Client #1] called his grandmother to come pick him up. [Client #1] tried to attack the [AD] and the [AD] as a result used his Evidence Based Protective Inventions (EBPI) technique to restrain [client #1] from further physically assaulting the [AD] and/or harming [client #1]. The [Director] and the [AD] escorted [client #1] outside to wait for [client #1] to be picked up by his grandmother. [Client #1's] grandmother called the [Director] at 3:38 pm and 3:43 pm to see what happened. The [Director] went upstairs where the [Director] could still see the [AD] and [client #1]. [Client #1's] grandmother arrived at 3:50 p.m. to pick up [client #1]. [Client #1] got into the car and [client #1's] grandmother rolled the window down to talk to the [AD]. The [Director] was looking out the window when [client #1] jumped out of the car and attacked the [AD]. The [AD] then used the EBPI technique a second time to restrain [client #1] again to protect the [AD] and put him back in the car ..." Review on 8/14/25 of the Incident Response	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 367	Continued From page 13 Improvement System (IRIS) report dated 8/13/25 revealed: -Date of Incident 8/5/25. -"Restrictive Interventions was used by [Assistant Director] (AD) to protect (AD) from harm and harm to [client #1]. No injury bruises are visible." -The incident report was not submitted within 72 hours. Interview on 8/12/25 and 8/15/25 with the Director revealed: -He did not know an incident report needed to be completed. -He thought an incident report needed to be generated if the facility called the police. -The facility did not call the police. -"I completed the IRIS report on 8/13/25 after surveyor discussed the State rules with me." Interview on 8/12/25 with the Owner/Qualified Professional revealed: -He thought an IRIS report was completed. -The Director was responsible for completing the IRIS report. -The facility did not complete an IRIS report on 8/5/25 after the restrictive intervention and allegation of abuse. -He confirmed an IRIS report was not completed and submitted within 72 hours.	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:	V 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 500	Continued From page 14 (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 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	V 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 500	Continued From page 15 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 review and interviews, the governing body failed to report an allegation of abuse to the Department of Social Services (DSS). The findings are: Review on 8/12/25 of client #1's record revealed: -Age 10 years old. -Admission date of 7/8/25. -Diagnoses of Oppositional Defiant Disorder by History; Attention Deficit Disorder by History; Reaction to Stress by History; Post Traumatic Stress Disorder. Review on 8/12/25 of the facility's in-house incident report dated 8/5/25 revealed: -"Type of Incident: False Allegations of Child Abuse. On 8/5/25 at approximately 3:30 pm, the Director was in the game room waiting for the clients to get picked up. [Client #1] and [client #2] were playing games and they started talking trash to each other about who is better. [Client #1] and [client #2] were both name calling and the	V 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 500	Continued From page 16 [Director] de-escalated the situation through proper verbal communication. [Client #1] continued to be verbally aggressive. The [Director] verbally redirected [client #1] and [client #1] started cursing saying, shut up the f**k up and started hollering. The Director asked [client #1] to remove himself from the game room and [client #1] headed to the [Assistant Director's] (AD) office to calm down like he usually does. While the [AD] was talking with [client #1] to calm [client #1] down, [client #1] started escalating and trying to be aggressive by physically attacking the [AD]. [Client #1] called his grandmother to come pick him up. [Client #1] tried to attack the [AD] and the [AD] as a result used his Evidence Based Protective Inventions (EBPI) technique to restrain [client #1] from further physically assaulting the [AD] and/or harming [client #1]. The [Director] and the [AD] escorted [client #1] outside to wait for [client #1] to be picked up by his grandmother. [Client #1's] grandmother called the [Director] at 3:38 pm and 3:43 pm to see what happened. The [Director] went upstairs where the [Director] could still see the [AD] and [client #1]. [Client #1's] grandmother arrived at 3:50 p.m. to pick up [client #1]. [Client #1] got into the car and [client #1's] grandmother rolled the window down to talk to the [AD]. The [Director] was looking out the window when [client #1] jumped out of the car and attacked the [AD]. The [AD] then used the EBPI technique a second time to restrain [client #1] again to protect the [AD] and put him back in the car ..." Review on 8/14/25 of the Incident Response Improvement System (IRIS) dated 8/13/25 revealed: -Date of Incident 8/5/25. -"Restrictive Interventions was used by [Assistant Director] (AD) to protect (AD) from harm and	V 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 500	Continued From page 17 harm to [client #1]. No injury bruises are visible." -DSS box on the IRIS report was not checked. Interview on 8/12/25 and 8/15/25 with the Director revealed: -He received a call from the local behavioral health center regarding allegations of abuse on 8/5/25. -He was unaware of the process of reporting allegations of abuse to DSS. -Going forward he would be responsible for reporting allegations of abuse to DSS. -"I completed the IRIS report on 8/13/25 after surveyor discussed the State rules with me." -He completed the IRIS report on 8/13/25 however he failed to check the box to alert DSS. -He would make corrections on the IRIS report and check the appropriate DSS box. Interview on 8/12/25 with the Owner/Qualified Professional revealed: -He thought an IRIS report was completed. -The Director was responsible for completing the IRIS report and alerting appropriate agencies. -The Director would complete the IRIS report and submit it to appropriate agencies. -He confirmed the agency failed to report an allegation of abuse to DSS.	V 500		
V 517	27E .0104(c-d) Client Rights - Sec. Rest. & ITO 10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (c) Restrictive interventions shall not be employed as a means of coercion, punishment or retaliation by staff or for the convenience of staff or due to inadequacy of staffing. Restrictive	V 517		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 517	Continued From page 18 interventions shall not be used in a manner that causes harm or abuse. (d) In accordance with Rule .0101 of Subchapter 27D, the governing body shall have policy that delineates the permissible use of restrictive interventions within a facility. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure restrictive interventions was not employed in a manner that causes harm affecting one of three audited clients (#1). The findings are: Review on 8/12/25 of client #1's record revealed: -Age 10 years old. -Admission date of 7/8/25. -Diagnoses of Oppositional Defiant Disorder by History; Attention Deficit Disorder by History; Reaction to Stress by History; Post Traumatic Stress Disorder. Review on 8/13/25 of pictures of client #1 sent by his grandmother on 8/13/25 revealed: -There were 3-4 red scratches small in size behind the right ear. -Two red scratches small in size on the left side of the neck and under the chin. -A small red scratch on the left shoulder blade. -A red bruise small in size and red scratches small in sizes on the right side of the upper chest. -A red bruise that stretched from the side of the left armpit to the middle of the chest. -A small hand size red bruise under the left side of the chest in the upper abdominal area. -A small red bruise on the upper right arm. -Three small red bruises on the left arm. -Client #1's grandmother reported the pictures	V 517		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 517	Continued From page 19 were taken on 8/5/25 while at the local behavioral health center. Review on 8/14/25 of the Assistant Director's (AD) personnel record revealed: -Hire date of 10/10/23. -Completed Evidence Based Protective Intervention (EBPI) training on 2/25/25. Review on 8/14/25 of the Director's personnel record revealed: -Hire date of 4/30/24. -Completed Evidence Based Protective Intervention (EBPI) training on 2/25/25. Interview on 8/12/25 with the Assistant Director revealed: -Client #1 was restrained two times on 8/5/25 using the buckle hold. -Director reported client #1 was acting out and cursing at client #2 while playing a game. -Director was able to calm client #2 down, but client #1 was not receptive to the attempt to de-escalate him. -He asked client #1 what was going on and he said, "I don't want to be here anymore, f**k you, you don't help me." -He asked the Director to call client #1's grandmother. -Client #1 said he wasn't going anywhere. -He discussed with client #1 that he wasn't going to stay long at the program with this behavior. -The Director called client #1's grandmother and informed her about his behavior. -Client #1 called his grandmother to come get him. -After client #1's grandmother learned about his behavior she called him. -The grandmother called client #1's phone but he kept hanging up on her.	V 517		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 517	Continued From page 20 -Client #1 while on speaker phone called his grandmother back and asked her to come get him now. -Client #1's grandmother asked what's wrong, he said, "f**k it" and hung up. -He told client #1 he had to leave; client #1 stated, "I'm not going anywhere." -Client #1 was sitting in his office on the couch. -He informed client #1 he was going downstairs to wait for his grandmother. -He said, I'm not going no "f**king" where. -He escorted client #1 from the couch with his arm under his armpit and proceeded to the hallway. -"[Client #1] became aggressive and started kicking, punching, crying and trying to elbow me." -He then initiated a restraint. -Client #1 was trying to squirm out of the hold but was released after he calmed down. -He told client #1 that his grandmother was on the way. -He and the Director then escorted client #1 downstairs through the side door. -The Director went back in the building. -Once escorted outside client #1 said he was going to run away. -Client #1 was walking in front of him. -He held client #1 by his shoulders to prevent him from running. -He continued to talk to client #1 while outside waiting for his grandmother. -Client #1 got a call from his grandmother while outside. -Client #1's grandmother arrived but she never got out of the car. -He escorted client #1 into the car. -Client #1 cursed at his grandmother. -Client #1 then jumped out of the car and swung at him. -He blocked the swing, turned client #1 around	V 517		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 517	Continued From page 21	V 517		

and restrained him.
-Client #1 was kicking and trying to head butt him.
-After client #1 calmed down he put him back in the car.
-Client #1's grandmother called the police because she was scared to ride with him.
-Police arrived and client #1 did not want to talk to the police.
-Police put client #1 in the car and escorted him to the local behavioral health center for an assessment.
-Client #1's grandmother followed the police.
-He reported it was possible client #1 had been scratched or bruised because he was trying to get out the restraint.
-Client #1 kept moving and fighting to get out the restraint.
-He restrained client #1 in front of his grandmother.
-"I felt I did a proper escort and restraint.".
-He held client #1 until he was calm.
-"I did not choke or punch [client #1]."
-"[Client #1] was fighting and trying to squirm out the restraint"
-"I felt that I followed the EBPI technique."

Interview on 8/12/25 with the Director revealed:
-Incident with client #1 started around 3:30 pm on 8/5/25.
-Client #1 was in the game room with client #2 waiting to be picked up.
-Client #1 and client #2 were playing a video game.
-"[Client #1] and [client #2' were competitive and talking junk."
-He noticed client #1's and client #2's interaction was escalating.
-He was in the game room with client #1 and client #2.
-He was able to get client #1 and client #2 to calm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 517	Continued From page 22	V 517		

down.
-"[Client #1] started to talk junk again."
-He was able to get client #2 calm.
-He could not calm client #1 down.
-Client #1 started yelling and calling client #2 names.
-He asked client #1 to calm down, and he stated, "f** you."
-He asked client #1 to go to the coping room.
-The coping room was either his office or the AD's office.
-Client #1 got up with his phone in his hand and went to the AD's office.
-The AD asked client #1 what was wrong.
-Client #1 started cursing at the AD.
-Client #1 stated, "I don't want to be here anymore, f**k you, you don't help me."
-The AD asked client #1 to get up so they could wait outside for his grandmother.
-Client #1 refused to get up from the couch.
-He informed client #1's grandmother about his behavior.
-Client #1 was still sitting on the couch.
-The AD escorted client #1 off the couch to proceed to the hallway.
-Client #1 became physically aggressive towards the AD.
-As a result, the AD restrained client #1.
-He and the AD then escorted client #1 outside.
-Client #1 was not dragged down the stairs.
-He was on the right side, and the AD was on the left side.
-He and the AD escorted client #1 by putting their arms under his armpit.
-He and the AD walked client #1 down the stairs to meet his grandmother outside.
-He went back upstairs because he still had two clients at the program.
-He was able to watch client #1's behavior from the office window.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 517	Continued From page 23 -Client #1 continued to show aggression towards the AD. -Client #1's grandmother arrived and rolled down the window to talk to the AD. -He was upstairs and could see client #1 get in the car. -Client #1's grandmother rolled down the car window and he kept rolling it back up. -Client #1 then jumped out of the car and started swinging on the AD. -AD blocked client #1 from hitting him, turned him around and initiated a restraint. -The AD used the buckle hold. -The buckle hold was crossing arms in front of the client chest area. -Client #1 was trying to head butt and kick AD during the hold. -AD then put client #1 back in the car. -Client #1's grandmother called the police because she did not feel safe driving with him. -Client #1 calmed down when his grandmother called the police. -"[Client #1] was not dragged down the stairs." -"[Client #1] was not punched, choked or scratched by him or the AD." -"I could see [client #1] possibly getting scratached or bruised because he was trying to squirm out of the restraint." -"We were trained on how to escort clients and conduct a buckle hold restraint to prevent harm. -He and the AD escorted client #1 down the steps under his armpit. -He did not see any pictures of the bruises or marks. -"There was no punching, choking or anything aggressive towards [client #1]." -"I felt we used and followed the proper EBPI technique." -"I felt we were doing everything right."	V 517		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 517	Continued From page 24 Interview on 8/15/25 with client #1 revealed: -The Director sent me to the AD's office. -He reported the AD put the bruises on him. -This was his first time in the AD's office. -The AD was yelling at him. -"I was talking nice to the AD." -He went outside with the AD. -The AD put him on the wall but a "spikey one." -He reported the AD had his arm over his head and hand over his mouth. -He was only restrained outside. -The Director was not outside. -His grandmother had not arrived yet. -When his grandmother arrived, he hit the AD because "he hurt me." -When asked 3 times if he was restrained in the building, client #1 stated "no." -He denied being escorted down the stairs. -He denied being aggressive towards the AD in the building. -He denied being punched in the chest by the AD. Interview on 8/12/25 with client #2 revealed: -They were playing a video game. -He was beating client #1. -Client #1 started getting mad at him. -Client #1 was taking his "madness" out on him. -Client #1 was yelling and cursing. -He did not do anything; that's how the game worked. -He did not see client #1 get restrained. Interview on 8/13/25 with client #1's grandmother revealed: -Client #1 called her to come get him. -The day program never called her. -Client #1 told her the AD "dragged him down the stairs and choked him." -When she arrived in the parking lot client #1 was standing with the AD.	V 517		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 517	Continued From page 25 -Client #1 got in the car. -She rolled down the window to talk to the AD. -Client #1 got out of the car and swung at the AD. -She did not know why client #1 swung at the AD. -The AD restrained client #1 and put him back in the car. -She had no issue with how the AD restrained client #1. -There were no issues of concern or red flags. -She called the police because of client #1's behavior. -The police escorted client #1 to the local behavioral health center. -While at the local behavioral health center client #1 complained that his ribs were hurting. -Client #1 reported the AD choked him and covered his mouth with his hands. -Client #1 had bruises on his chest, around his rib area and scratches behind his ear. -Client #1 reported the AD was cursing at him. -She transported client #1 to the local hospital. -The local hospital suggested that she take client #1 to the emergency room. -She transported client #1 to the emergency room for x-rays. -Client #1 had no broken ribs; recommendation was to give (Tylenol or Motrin) for pain. -She reported the facility did not tell her what happened prior to client #1 getting in the car. -She did not know what happened with client #1 until she went to the local behavioral health center. -She was not aware of the AD and Director had to escort client #1 down the stairs. -Client #1 did not mention the Director escorting him down the stairs. -Client #1 was not going back to the program. Interview on 8/13/25 with client #1's Therapist revealed:	V 517		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 517	Continued From page 26 -He was client #1s Therapist since May 2025. -He would meet with client #1 twice a week. -Client #1's grandmother called him, and he met her at the local behavioral health center. -Client #1 reported he and client #2 were playing a video game. -Client #1 reported he was beating client #2 and won. -Client #1 got into a disagreement with client #2. -Client #1 reported client #2 was bullying him and they were going back and forth. -The Director told client #1 to go into the office. -The AD was yelling and screaming at client #1. -Client #1 reported talking to the AD escalated him because of the screaming and yelling. -Client #1 reported the AD grabbed and restrained him. -Client #1 reported that he was not aggressive towards anyone. -Client #1 reported the AD "dragged him down the steps." -Client #1 reported he was punched in the chest while outside the building. -At the time client #1's grandmother got a call to pick him up. -When the grandmother arrived, client #1 got in the car, then back out and started punching the AD. -Due to client #1's behavior, his grandmother did not want to transport him in her car. -Client #1's grandmother called the police. -Client #1 was taken to the local behavioral health center by the police. -Client #1's grandmother reported he was punched in the chest. -Client #1 had a scratch on his neck, under his chin and bruises on his arm bicep area. -Client #1 started saying his chest was hurting; they lifted his shirt, and he had a bruise on his chest.	V 517		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 517	Continued From page 27	V 517		

-The local behavioral health center suggested that client #1's grandmother take him to the local hospital.
-Client #1 did not report aggression towards the AD at the facility.
-Client #1 only mentioned the AD; there was no mention of any other staff.
-Client #1 was reporting the same story every time he processed with him.
-When he spoke to the day program Owner/Qualified Professional it was a different story.
-It was reported that client #1 was attacking the AD.
-Client #1 was not returning to the program.
-Client #1's grandmother reported she never received a call that he was escorted and restrained.

Interview on 8/14/25 with the Owner/Qualified Professional revealed:
-This was the first restraint in years.
-He wanted to personally meet with client #1's guardian.
-He asked client #1's guardian to meet him at the facility's parking lot to see the bruises later in the day.
-He wanted to do his own investigation.
-Client #1's guardian met him in the parking lot.
-Client #1 told him he got angry and hit the AD.
-He asked client #1 to show him what the AD did.
-Client #1 showed him the buckle hold and how the AD chin was on his head.
-Client #1 said he felt safe at the program.
-Client #1 was not discharged at this time and needed a psychiatric evaluation to continue.

Review on 8/15/25 of a Plan of Protection written by the Director dated 8/15/25 revealed:
"What immediate action will the facility take to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 517	Continued From page 28	V 517		

ensure the safety of the consumers in your care? TCI Day Treatment program will implement a no restraint intervention with a hands off policy when dealing with child consumers. TCI staff will make sure to follow the crisis plan whenever one arises. TCI will follow the proper protocol and make sure the right personnel are contacted directly.

Describe your plans to make sure the above happens.
TCI Day Treatment will place cameras in the hallways by the exit doors of the program. TCI Day Treatment will implement a designated room for de-escalation for the child consumers to go and calm down. The room will have therapeutic furniture and safe activities to assist with a peaceful environment. A camera will be in that room as well for monitoring the child consumer."

Client #1 is a 10-year-old male diagnosed with Oppositional Defiant Disorder by history; Attention Deficit Disorder by History; Reaction to Stress by history and Post Traumatic Stress Disorder. On 8/5/25 Client #1 was playing a video game with client #2. Clients were redirected after repeating trash talking. Client #1 was not receptive and was asked to calm down in the Assistant Director's office. Client #1's behavior escalated with cursing, and the AD escorted him out of his office. Client #1 then became physically aggressive towards the AD that resulted in the use of an EBPI buckle hold. Client #1 was trying to squirm out and fight back during the buckle hold. Client #1 was then escorted by the AD and Director to the parking lot to wait for his grandmother. While in the parking lot the AD held client #1 by the shoulders after he said he was going to run away. The AD and client #1 then waited for the arrival of his grandmother. Client #1's grandmother arrived, and he got in the car. Client #1 then jumped out of the car and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-280	A. BUILDING: _____ B. WING _____	C 08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIANGLE COMMUNITY INTERVENTIONS	236 NORTH MEBANE STREET, SUITES 230, 240 245 & 260 BURLINGTON, NC 27217

(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 517	Continued From page 29 physically attacked the AD which resulted in another EBPI buckle hold. Client #1's guardian called the police due to his behavior, and he was escorted to RHA Crisis Center for an evaluation. During the evaluation client #1 reported pain on his chest. RHA Crisis Center found bruises on client #1's chest, around the rib area and scratches behind his ear. Client #1 grandmother took him to urgent care and was encouraged to take him to UNC. Client #1's guardian reported he received x-rays that were negative and a recommendation to give pain medication for pain. The facility failed to implement restrictive intervention in a manner that would not cause harm to client #1. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days.	V 517		