STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			B. WING			C	
		MHL078-317	B. WING		08/1	5/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
COMMU	NITY OUTREACH YOU	JTH SFRVICES	DINAL AVENU TON, NC 283				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE	
V 000	INITIAL COMMENT	-s	V 000				
	2025. The complain	was completed on August 15, it was unsubstantiated (intake iciencies were cited.					
	category: 10A NCA	ed for the following service C 27G .3400 Residential uals with Substance Abuse					
	census of 3. The s	sed for 8 and has a current urvey sample consisted of clients and 1 former client.					
V 366	27G .0603 Incident	Response Requirements	V 366				
	implement written presponse to level I, shall require the pro (1) attending of individuals involv (2) determining (3) developing measures according timeframes not to e (4) developing to prevent similar in specified timeframes (5) assigning for implementation preventive measures (6) adhering the specified timeframes (5) assigning for implementation preventive measures (6) adhering the shall be sha	IREMENTS FOR B PROVIDERS B providers shall develop and policies governing their II or III incidents. The policies povider to respond by: to the health and safety needs ed in the incident; and the cause of the incident; and implementing corrective ground to provider specified exceed 45 days; and implementing measures periodents according to provider as not to exceed 45 days; become person become and escentiality requirements					
	42 CFR Parts 2 and 164; and	Article 2A, 10A NCAC 26B, d 3 and 45 CFR Parts 160 and and documentation regarding					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

MHL078-317 MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 177 CARDINAL AVENUE LUMBERTON, NC 28360 [X4] ID [X5] ID [X4] ID [X5] ID [X4] ID [X5] ID [X4] ID [X5] ID [X6]	AND DI AN OF CORRECTION \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		` ′			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER COMMUNITY OUTREACH YOUTH SERVICES T77 CARDINAL AVENUE LUMBERTON, NC 28350 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG COMMUNITY OUTREACH YOUTH SERVICES T77 CARDINAL AVENUE LUMBERTON, NC 28350 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE V 366 Continued From page 1 Subparagraphs (a) (1) through (a) (6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule. (c) In addition to the requirements set forth in Paragraph (a) of this Rule. (c) In addition to the requirements set forth in Paragraph (a) of this Rule. (c) In addition to the requirements set forth in Paragraph (a) of this Rule. (c) In addition to the requirements set forth in Paragraph (a) of this Rule. (c) In addition to the requirements set forth in Paragraph (a) of this Rule. (c) In addition to the requirements set forth in Paragraph (a) of this Rule. (c) In addition to the requirements set forth in Paragraph (a) of this Rule. (c) In addition to the requirements set forth in Paragraph (a) of this Rule. (c) In addition to the requirements set forth in Paragraph (a) of this Rule. (c) In addition to the requirements set forth in Paragraph (a) of this Rule. (c) In addition to the requirements set forth in Paragraph (a) of this Rule. (d) In 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 (b) (c) certifying the copy's completeness; and (d) transferring the copy of 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 revie	AND TEAN OF CONNECTION IDENTIFICATION NOWIDEN.		A. BUILDING:		COMP	LEIED	
MANE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 177 CARDINAL AVENUE LUMBERTON, NC 28360 (A4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUIATORY OR LSC IDENTIFYING INFORMATION) V 366 Continued From page 1 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, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (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, 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; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team within 24 hours of the incident. The internal review team shall consist of individuals 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		MHI 078-317		B. WING			
COMMUNITY OUTREACH YOUTH SERVICES (A4) ID PREFIX TAG (CA1) ID PREFIX TAG (CONTINUED TO ISC IDENTIFYING INFORMATION) V 366 Continued From page 1 Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, (CF/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 client is on the provider to respond by: (1) immediately securing 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 shall consist of individuals who were not involved in the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to						1 00/1	3/2023
CX4 D SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION CX5 CRCCH CORRECTION COMPLETE DATE	NAME OF I	PROVIDER OR SUPPLIER					
CX1 ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LOC IDENTIFYING INFORMATION) PREFIX TAG PROVIDERS PLAN OF CORRECTTON COMPLETE DATE OF THE APPROPRIATE DATE OF THE AP	COMMU	NITY OUTREACH YO	LITH SERVICES				
PRÉFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRÉFIX TAG CROSS-REFERENCED TO THE APPROPRIATE		T	LUMBER	ION, NC 28	360		
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 Ill 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	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	JLD BE	COMPLETE
 (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 	V 366	Continued From pa	age 1	V 366			
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	V 366	Subparagraphs (a) (b) In addition to the Paragraph (a) of the shall address incide regulations in 42 C. (c) In addition to the Paragraph (a) of the providers, excluding develop and impler their response to a while the provider is or while the client is The policies shall responsive to a while the client is The policies shall responsive to the provider is or while the client is the policies shall responsive to the provider is or while the client is the policies shall responsive to the provider is or while the client is the policies shall responsive to the provider is the provider to t	(1) through (a)(6) of this Rule. The requirements set forth in is Rule, ICF/MR providers ents as required by the federal FR Part 483 Subpart I. The requirements set forth in is Rule, Category A and B g ICF/MR providers, shall ment written policies governing level III incident that occurs is delivering a billable service is on the provider's premises. The equire the provider to respond the client record the client record the client record; In photocopy; In the copy's completeness; and ing the copy to an internal 24 hours of the incident. The in shall consist of individuals wed in the incident and who alle for the client's direct care or conal oversight of the client's erof the incident. The internal complete all of the activities as the copy of the client record to and causes of the incident endations for minimizing the re incidents; ther information needed; tten preliminary findings of fact days of the incident. The	V 366			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL078-317	B. WING		I	C 15/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
СОММИ	NITY OUTREACH YOU	JTH SERVICES	DINAL AVENU TON, NC 283			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 366	if different; and (D) issue a fin owner within three in final report shall be catchment area the LME where the clie final written report is identified by the inte include all public do incident, and shall in minimizing the occu all documents need available within thre LME may give the p three months to sub (3) immediate (A) the LME in area where the serv Rule .0604; (B) the LME in different; (C) the provide for maintaining and treatment plan, if di provider; (D) the Depar (E) the client applicable; and (F) any other	ME where the client resides, all written report signed by the months of the incident. The sent to the LME in whose provider is located and to the nt resides, if different. The shall address the issues ernal review team, shall becoments pertinent to the make recommendations for arrence of future incidents. If led for the report are not be months of the incident, the provider an extension of up to somit the final report; and sely notifying the following: responsible for the catchment vices are provided pursuant to where the client resides, if the agency with responsibility updating the client's ferent from the reporting them; is legal guardian, as authorities required by law.	V 366			
		et as evidenced by: views and interviews, the ement a policy governing their				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					ATE SURVEY OMPLETED	
MHL078-317			B. WING			C 15/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
СОММИ	NITY OUTREACH YOU	JTH SERVICES	DINAL AVENI TON, NC 28:			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 366	response to Level I The findings are: Review on 8/14/25 record revealed: -16 year old maleAdmitted 5/13/25Diagnoses of Cond Hyperactivity Disord Disorder. Review on 8/14/25 revealed no incident review. Review on 8/14/25 revealed: -No documentation Interview on 8/14/25 revealed: -No documentation Interview on 8/14/25 revealed: -It don't know to be the facility"I don't remember there when he elop Interview on 8/14/26 Professional/Chief I-He would provide to the policy was not the was responsible reports.	I or III incidents as required. of former client (FC) #4's duct Disorder, Attention Deficit der and Cannabis Use of the facility's records at reporting policy available for of the facility's incident reports of FC #4's elopement. 5 FC #5 stated: honest" when he eloped from it has been a while" who was	V 366			
V 367	27G .0604 Incident 10A NCAC 27G .06 REPORTING REQI CATEGORY A AND	UIREMENTS FOR	V 367			

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		SURVEY PLETED	
						c
		MHL078-317	B. WING		08/	15/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
СОММИ	NITY OUTREACH YO	UTH SERVICES	DINAL AVENU TON, NC 283			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 367	level II incidents, exthe provision of bills consumer is on the incidents and level to whom the provid 90 days prior to the responsible for the services are provid becoming aware of be submitted on a Secretary. The repin person, facsimile means. The report information: (1) reporting identification inform (2) client iden (3) type of incidentification inform (4) description (5) status of cause of the incident (6) other indicent or responding. (b) Category A and missing or incomplishall submit an upor report recipients by day whenever: (1) the provident erroneous, mislead (2) the provident erroneous, mislead (2) the provident erroneous (3) the provident erroneous (4) the provident erroneous (5) the provident erroneous (6) category A and (6) category A and (7) the provident erroneous (7) the provident er	If B providers shall report all except deaths, that occur during able services or while the providers premises or level III III deaths involving the clients her rendered any service within a incident to the LME catchment area where ed within 72 hours of the incident. The report shall form provided by the port may be submitted via mail, a or encrypted electronic at shall include the following provider contact and nation; intification information; cident; on of incident; the effort to determine the	V 367			

DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					С	
MHL078-317		B. WING			5/2025	
			1		1 00/1	0,2020
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COMMU	COMMUNITY OUTREACH YOUTH SERVICES 177 CA			UE		
COMMISSION	MILL OUTKLAUIT TO	LUMBER	TON, NC 28:	360		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PRÉFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
V 367	Continued From pa	ge 5	V 367			
	information;					
		other authorities; and				
		ler's response to the incident.				
		B providers shall send a copy				
		nt reports to the Division of				
		elopmental 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					
		a client death to the Division of				
		ulation within 72 hours of				
		the incident. In cases of				
		seven days of use of seclusion				
		vider shall report the death				
	immediately, as rec	uired by 10A NCAC 26C				
	.0300 and 10A NCA	AC 27E .0104(e)(18).				
	(e) Category A and	B providers shall send a				
	report quarterly to t	he LME responsible for the				
	catchment area wh	ere services are provided.				
	The report shall be	submitted on a form provided				
		a electronic means and shall				
		formation as follows:				
		n errors that do not meet the				
		II or level III incident;				
	\ /	interventions that do not meet				
		evel II or level III incident;				
		of a client or his living area;				
		of client property or property in				
	the possession of a	CHEFIL;				
		number of level II and level III				
	incidents that occur					
		ent indicating that there have				
		incidents whenever no				
		urred during the quarter that				
		eria as set forth in Paragraphs tule and Subparagraphs (1)				
	through (4) of this F					
	unough (4) or uns r	αιαγιαριί.				

STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
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		MHL078-317	B. WING		08/1	5/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COMMU	COMMUNITY OUTREACH YOUTH SERVICES 177 CAR LUMBER					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 367	Continued From pa	ge 6	V 367			
	facility failed to ens was submitted to the (LME) within 72 howare: Review on 8/14/25 record revealed: -16 year old maleAdmitted 5/13/25Diagnoses of Condity Disorder. Review on 8/14/25 Response Improves -No incident report #4's elopement. Interview on 8/14/2-"I don't know to be the facility"I don't remember there when he elop Interview on 8/14/2-Professional/Chief	views and interviews, the ure a critical incident report to Local Management Entity urs as required. The findings of former client (FC) #4's duct Disorder, Attention Deficit der and Cannabis Use of the North Carolina Incident ment System (IRIS) revealed: had been submitted for FC 5 FC #5 stated: honest" when he eloped from it has been a while" who was				
	-The policy was not -He was responsibl -He had not comple elopement.	available at the facility. e for incident reports. eted an IRIS report for FC #4's				

Division of Health Service Regulation

STATE FORM 1GE211 If continuation sheet 7 of 8

NAME OF PROVIDER OR SUPPLIER COMMUNITY OUTREACH YOUTH SERVICES (X4) ID PREFIX TAG (EACH CORRECTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) V 367 Continued From page 7 eloped to complete a report.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED		
NAME OF PROVIDER OR SUPPLIER COMMUNITY OUTREACH YOUTH SERVICES 177 CARDINAL AVENUE LUMBERTON, NC 28360 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 367 Continued From page 7 STREET ADDRESS, CITY, STATE, ZIP CODE 177 CARDINAL AVENUE LUMBERTON, NC 28360 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE COMPLET TAG CROSS-REFERENCED TO THE APPROPRIATE DATE) V 367 Continued From page 7	MHL078-317		B. WING					
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 367 Continued From page 7 PREFIX TAG RECULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG RECH CORRECTIVE ACTION SHOULD BE COMPLET TAG CROSS-REFERENCED TO THE APPROPRIATE DATE V 367		COMMUNITY OUTREACH YOUTH SERVICES 177 CARDINAL AVENUE LUMBERTON, NC 28360						
	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TION SHOULD BE THE APPROPRIATE	COMPLETE	
	V 367	•		V 367				

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