STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL098-183	A. BUILDING: _____ B. WING _____	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A CARING HEART INDEPENDENCE CENTER	1901 TARBORO STREET SW, SUITE 101 & 102 WILSON, NC 27893

(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 27, 2025. The complaint was unsubstantiated (intake #NC00232807). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups. This facility has a current census of 35. The survey sample consisted of 4 current clients.	V 000		
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	V 500		

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V 500	Continued From page 1 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 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 were reported to the county	V 500		

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V 500	Continued From page 2 department of social services. The findings are: Review on 8/27/25 of North Carolina Incident Response Improvement System (IRIS) report for client #7 revealed: - Date of Incident: 7/17/25. - Time of incident: 2:00 pm. - Allegation of verbal abuse against [staff #8]. -"The consumer was receiving assistance in the changing room from his previous Direct Support (DS) staff, [staff #8]. [Staff #8] had been removed from the case due to making inappropriate comments to the consumer 's AFL (Alternative Family Living) provider. While assisting the consumer, [staff #8] asked how things were going with his new staff member, [staff #7] and whether he liked him. The consumer responded that he liked [staff #7] and that things were going well. [Staff #8] then made an inappropriate comment, telling the consumer "not to act like a sissy," and also remarked that his "poop stinks" while changing him. The consumer later informed the QP (Qualified Professional) that [staff #8] has continued to make mean and inappropriate comments to him since being removed from the case. The consumer stated that he feels uncomfortable being around [staff #8] and doesn't want to if he's gonna pick on him." - No documentation that the allegation of verbal abuse was reported to the local Department of Social Services (DSS). Interview on 8/27/25 the Program Director stated: -The QP was responsible to complete the report to DSS for the verbal abuse allegation. -The QP informed her she forgot to complete the DSS report for the verbal abuse allegation for client #7. -She would review the agency's policy with the	V 500		

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V 500	Continued From page 3 QP for the reporting of all allegations of abuse, neglect or exploitation to DSS.	V 500		