

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-232	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/18/2025
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NAME OF PROVIDER OR SUPPLIER APOMO-RANKIN STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 220 RANKIN STREET KANNAPOLIS, NC 28081
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 7/18/25. The complaint was unsubstantiated (intake #NC00230820). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC .5600B Supervised Living for Minors with Developmental Disability.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112	<p style="text-align: center;">RECEIVED SEP 03 2025 DHSR-MH Licensure Sect</p>	

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

Joe Jackson

TITLE
Admin Director

(X6) DATE
8.8.25

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a treatment plan was developed based on the assessment and in partnership with the client, a legally responsible person or both within 30 days of admission affecting 4 or 4 clients (#1) and the facility failed to develop and implement goals and strategies to meet the needs of 4 of 4 (#1, #2, #3, #4) clients. The findings are:</p> <p>Review on 7/15/25 of Client #1's record revealed: -Admission 1/30/25. -Age 12. -Comprehensive Clinical Assessment dated 1/27/25. -Diagnoses: Autism Spectrum Disorder; Attention-Deficit Hyperactivity Disorder, Combined Presentation; Provisional Tic Disorder; Borderline Intellectual Functioning; Oppositional Defiant Disorder; Phonological Disorder; Post-Traumatic Stress Disorder, Acute; Unspecified Mood Affective Disorder. -No evidence the facility completed a treatment plan based on the assessment and in partnership with the client, a legally responsible person or both within 30 days of admission.</p> <p>Review on 7/15/25 of Client #2's record revealed: -Admission 7/15/24.</p>	V 112	<p>V112 A Place of My Own (APOMO) disputes this tag due to treatment/assessment and habilitation plans being completed for all client. As expressed and provided during the survey and interview, a plan of care is completed in tandem with the client, LRP and MCO. The plan of care details all the information as tagged in V112. Within 30 days of the client being admitted to APOMO establishes goals to work on with clients meeting section c of V112. The goals established in the plan express criteria set forth in section d of V112 with details addressing 1-6.</p> <p>In an effort to stay compliant, APOMO will continue to establish goals within 30 days of a client that will be in placement beyond 30 days. The goals will be established in conjunction with the client and/or LRP. Goals will be assessed at minimum quarterly and reviewed or adjusted at minimum annually. This will be monitored by the CO QP at least quarterly.</p>	

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V 112	<p>Continued From page 2</p> <p>-Age 13. -Comprehensive Clinical Assessment dated 5/17/25 -Diagnoses: Disruptive Mood Dysregulation Disorder; Post Traumatic Stress Disorder; Generalized Anxiety Disorder; Autism Spectrum Disorder; Mild Intellectual Developmental Disability. -No evidence the facility completed a treatment plan based on the assessment and in partnership with the client, a legally responsible person or both within 30 days of admission.</p> <p>Review on 7/16/25 of Client #3's record revealed: -Admission 11/29/24. -Age 11. -Comprehensive Clinical Assessment dated 12/4/23. -Diagnosis: Autism Spectrum Disorder; Attention-Deficit Hyperactivity Disorder, Combined Type; Mixed Receptive-Expressive Language Disorder. -No evidence the facility completed a treatment plan based on the assessment and in partnership with the client, a legally responsible person or both within 30 days of admission.</p> <p>Review on 7/17/25 of Client #4's record revealed: -Admission 6/6/24. -Age 12. -Comprehensive Clinical Assessment dated 5/21/24. -Diagnoses: Oppositional Defiant Disorder; Attention-Deficit Hyperactivity Disorder, Combined Type; Autistic Disorder; Nocturnal Enuresis; Allergic Rhinitis, Unspecified; Sleep Disorder, Unspecified; Phonological Disorder. -No evidence the facility completed a treatment plan based on the assessment and in partnership with the client, a legally responsible person or</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>both within 30 days of admission.</p> <p>Interview on 7/16/25 with the Facility's Compliance and Operations Manager revealed:</p> <ul style="list-style-type: none"> -All clients' treatment plans were completed by the Manage Care Organization (MCO) care managers. -The MCO completed treatment plans for clients #1, #2, #3, #4 and the facility participated in the planning meetings. -The MCO care manager was setting up counseling to address client #1's "very unique" sexualized behaviors. -"...we (facility) wouldn't know how to set up a treatment plan to address his (client #1) needs around his sexual issues." -"having one treatment plan (MCO) covers all areas of needs (clients #1 #2, #3, #4) that could go to any area, school or group home, and we (facility) develop short term goals off of that (MCO treatment plan); it is confusing for us to have a separate plan." <p>Interview on 7/18/25 with the Licensee/QP#1 revealed:</p> <ul style="list-style-type: none"> -The MCO completed treatment plans for clients #1, #2, #3, and #4. -The MCO developed clients treatment plans. -Did not understand why the facility needed a treatment plan for clients. <p>Interview on 7/18/25 with the Licensee/QP#2 revealed:</p> <ul style="list-style-type: none"> -The MCO developed clients #1, #2, #3, and #4 treatment plans. -Did not understand why the facility needed a treatment for clients. 	V 112	<p>The Surveyor mischaracterize statements made during the interview. The statement made were that the APOMO, the MCO and the LRP are all a part of the treatment planning process. We discuss what known behaviors the clients have and set high level goals together to address presenting problems. Once the client is in placement, within 30 days, APOMO sets goals which is a detail of the treatment that we are providing. It was not communicated the there was no understanding why the facility needs a treatment plan for clients. The surveyor suggested that we should have set up a treatment plan for a client for his sexual issues. We provide residential services for clients. Services are acquired through updating the clients treatment plan with the LME with referrals made to Medicaid providers. This process is not a swift process. However, when treatment is needed by a specialist outside of the scope of residential services, APOMO reaches out the the LME to update the treatment plan and obtain a referral to the proper Medicaid provider. Once the Medicaid provider that specializes in that area provides consultation, APOMO can then adjust any treatment that needs to be established in the residential setting.</p>	

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V 118	Continued From page 4	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by:</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Based on record reviews, observation and interviews the facility failed to administer medications on the written order of a physician and failed to keep the MARs current for 2 of 4 clients (#1 and #4). The findings are:</p> <p>Review on 7/15/25 of client #1's record revealed: -Admission 1/30/25. -Age 12. -Diagnoses: Autism Spectrum Disorder; Attention-Deficit Hyperactivity Disorder (ADHD), Combined Presentation; Provisional Tic Disorder; Borderline Intellectual Functioning; Oppositional Defiant Disorder; Phonological Disorder; Post-Traumatic Stress Disorder, Acute; Unspecified Mood Affective Disorder.</p> <p>Observation on 7/17/25 at approximately 2:15-2:30pm of client #1's medications revealed: -Dyanavel (ADHD) 20mg (milligrams) was not present in the facility</p> <p>Review on 7/17/25 of client #1's physician orders dated 2/19/25 revealed: -Hydroxyzine (agitation) 50mg tablet, take 1 tablet by mouth daily at bedtime as needed. -Dyanavel 20mg tablet, take 1 tablet by mouth daily in the morning. -No physician order to discontinue order for Dyanavel 20mg. -No physician order for Atomoxetine (ADHD) 40mg capsule, take 1 capsule by mouth daily in the morning.</p> <p>Review on 7/17/25 of client #1's MARs from 4/1/25 - 7/17/25 revealed: -Hydroxyzine 50mg tablet was administered twice by Staff #2 on 4/7/25, 4/22/25, 4/26/25. -Dyanavel 20mg tablet, "OH (on hold)" from 6/18/25 through 6/30/25 and 7/1/25 through</p>	V 118	<p>V118 Items in this section are inaccurately noted as failures of the facility. Medication Orders were provided to the surveyor on 7/15/25. On 7/17/25, the Surveyor arrived onsite to complete a physical medication review. On 7/16/25, Client 1 received a medication change that began on 7/17/25. The Surveyor was provided the updated doctor order that reflected Dyanavel prescription expiring with not refills on the physician orders dated 6/12/25. The surveyor was also provided the Doctors orders dated 7/16/25 for Atomoxetine that started on 7/17/15. A discontinue order is not required for a doctor order that indicates that is was a 30 day treatment and there was no refills on the order.</p> <p>Staff will be retrained on the administration and record keeping of PRNs, APOMO is currently going through beta testing of a Therap update for a daily MAR. This will help relieve the issues in PRN medications being administered more frequently than prescribed. It has been shared the the daily MAR has failsafe feature to prevent this from happening. This will be monitored by the QP. Monitoring will be conducted at a minimum monthly if not more frequent.</p>	

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V 118	<p>Continued From page 6</p> <p>7/15/25.</p> <p>-Atomoxetine 40mg, take 1 capsule by mouth daily in the morning, was listed on July 2025 MAR with no documentation of administration.</p> <p>Review on 7/17/25 of client #4's record revealed:</p> <p>-Admission 6/6/24.</p> <p>-Age 12.</p> <p>-Diagnoses: Oppositional Defiant Disorder; Attention-Deficit Hyperactivity Disorder, Combined Type; Autistic Disorder; Nocturnal Enuresis; Allergic Rhinitis, Unspecified; Sleep Disorder, Unspecified; Phonological Disorder.</p> <p>Review on 7/17/25 of client #4's physician orders revealed:</p> <p>-Order dated 4/3/25, Hydroxyzine (sleep) 25mg, take 1 tablet by mouth daily at bedtime as needed.</p> <p>-Order dated 4/8/25, Chlorhexidine Gluconate (plaque/gingivitis) 0.12% mouthwash, 1ml daily; use daily swish and spit.</p> <p>Review on 7/17/25 of client #4's MARs from 4/1/25 - 7/17/25 revealed:</p> <p>-Hydroxyzine 25mg was administered twice by Former Staff #10 on 5/13/25 and 7/4/25.</p> <p>-Chlorhexidine Gluconate 0.12% mouthwash was not listed on MAR, no physician order to discontinue and mouthwash was not available in the facility.</p> <p>Interview on 7/18/25 with the Pharmacist revealed:</p> <p>-Hydroxyzine is used for anxiety, agitation and depending on what it is used for "may not affect the patient negatively</p> <p>-"The group home should follow the doctor's instructions (for Hydroxyzine), but not harmful healthwise ..."</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>-The doses being administered to clients were "low doses and not a safety issue." -" ...the doctor should be told how the medication (Hydroxyzine) is being administered, to change the prescription so they (facility) don't run out of the medication, or run the risk of having a gap in the prescription." -Doctor should be consulted before discontinuing or changing brands of ADHD medications.</p> <p>Interview on 7/15/25 with Staff #1 revealed: -The Licensee/Qualified Professional (QP) #1 reviewed MARS "every month, every few days, every week."</p> <p>Interview on 7/17/25 with the Licensee/QP #1 revealed: -Dyanavel 20mg was discontinued and client #1 was started on Atomoxetine on 7/17/25. -"I will get that for you (discontinue order for Dyanavel)...the script is on hold ...it (medication) wasn't included in his (client #1) pill pack, around that time (June, July 2025) we were having a problem with anal insertion (client #1) and were having conversation (with physician) about whether medications are working and it (Dyanavel) was placed on hold." -Chlorhexidine Gluconate 0.12% for client #4 was for 30 days and there were no refills. -Provided no explanation for why staff would administer Hydroxyzine for clients #3 and #4 more that prescribed.</p>	V 118		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the</p>	V 121		

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V 121	<p>Continued From page 8</p> <p>governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.</p> <p>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on records reviews and interviews, the facility failed to obtain drug regimen reviews every six months for 4 of 4 clients (#1, #2, #3, #4) who received psychotropic drugs. The findings are:</p> <p>Review on 7/15/25 of client #1's record revealed: -Admission 1/30/25. -Age 12. -Diagnoses: Autism Spectrum Disorder (ASD); Attention-Deficit Hyperactivity Disorder (ADHD), Combined Presentation; Provisional Tic Disorder; Borderline Intellectual Functioning; Oppositional Defiant Disorder (ODD); Phonological Disorder; Post-Traumatic Stress Disorder (PTSD), Acute; Unspecified Mood Affective Disorder. Physician's orders dated 2/19/25: -Dyanavel (ADHD) 20 milligrams (mg) tablet, take 1 tablet by mouth once daily in the morning -Fluoxetine (intrusive thoughts, compulsive behaviors) 20mg capsule, take 1 capsule by mouth every day -Guanfacine (ADHD) 3mg tablet, take 1 tablet by mouth daily every evening. -Hydroxyzine (agitation) 50mg tablet, take 1 tablet</p>	V 121	<p>Rule V121 Client have medication management appt at a minimum quarterly. Most often appts occur monthly or every 2 months. APOMO does obtain a review of medication within every six months. The review is performed by the psychiatric medication provider. Notes regarding the medication appointment and changes are documented on the appt record. The psychiatric medication provider has completed an information share agreement with Atrium Health Cabarrus, the client's PCP. APOMO will continue this practice to ensure compliance. Notes will continue to be added to appointments. Reviewed MARs will be provided during surveys. APOMO has also instituted a one sheet form for all PCP and Dentist appts. The QP will monitor this going forward and this will occur at a minimum quarterly</p>	
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V 121	<p>Continued From page 9</p> <p>by mouth daily at bedtime as needed. Physician's order dated 6/18/25: -Trazodone (sleep) 50mg tablet, take 1 tablet by mouth daily at bedtime. Physician's order dated 6/19/25: -Clonidine (ADHD, Tic Disorder) 0.1mg tablet, take 1 tablet by mouth every morning. -There was no evidence of a current six-month drug regimen review for Client #1.</p> <p>Review on 7/15/25 of client #2's record revealed: -Admission 7/15/24. -Age 13. -Diagnoses: Disruptive Mood Dysregulation Disorder; PTSD; Generalized Anxiety Disorder; ASD; Mild Intellectual Developmental Disability. Physician's order dated 1/1/25: -Clonidine (hyperactivity) 0.1mg tablet, take 1 tablet by mouth daily in the evening. Physician's order dated 2/4/25: -Propranolol (anxiety) 10mg tablet, take .5 tablet by mouth twice a day. Physician's order dated 2/10/25: -Hydroxyzine (hyperactivity) 10mg tablet, take 1 tablet by mouth four times daily. Physician's order dated 3/6/25: -Risperidone (irritability) 0.25mg tablet, take 1 tablet by mouth 3 times a day. -There was no evidence of a current six-month drug regimen review for Client #2.</p> <p>Review on 7/16/25 of client #3's record revealed: -Admission 11/29/24. -Age 11. -Diagnosis: ASD; ADHD, Combined Type; Mixed Receptive-Expressive Language Disorder. Physician's order dated 1/8/25: -Hydroxyzine (aggression) 25mg tablet, take 1 tablet by mouth 2 times per day as needed. Physician's order dated 2/5/25:</p>	V 121		

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V 121	<p>Continued From page 10</p> <p>-Olanzapine (ADHD) 5mg tablet, take 1 tablet by mouth twice a day morning and before bed. Physician's order dated 6/2/25:</p> <p>-Guanfacine (ADHD) 1mg tablet, take 1 tablet by mouth 2 times per day.</p> <p>-There was no evidence of a current six-month drug regimen review for Client #3.</p> <p>Review on 7/17/25 of client #4's record revealed:</p> <p>-Admission 6/6/24. -Age 12. -Diagnoses: ODD; ADHD, Combined Type; Autistic Disorder; Nocturnal Enuresis; Allergic Rhinitis, Unspecified; Sleep Disorder, Unspecified; Phonological Disorder. Physician's order dated 12/23/24: Clonidine (ADHD) 0.1mg tablet, take 1 tablet by mouth 2 times a day. Imipramine (Enuresis) 25mg tablet, take one tablet by mouth every day at bed-time. Physician's order dated 2/27/25: Aripiprazole (irritability) 10mg tablet, take 1 tablet by mouth daily. Physician's order dated 4/3/25: Guanfacine (ADHD) 3 mg tablet, take 1 tablet by mouth every evening. Hydroxyzine (sleep) 25mg, take 1 tablet by mouth daily at bedtime as needed. Physician's order dated 5/1/25: Divalproex (mood stabilizer) 500mg tablet, take 1 tablet every day in the evening. -There was no evidence of a current six-month drug regimen review for Client #4.</p> <p>Interview on 7/14/25 and 7/17/25 with the Facility's Compliance and Operations Manager revealed: -Had no documentation of six-month psychotropic medication review for clients #1, #2, #3, #4.</p>	V 121		

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V 121	<p>Continued From page 11</p> <p>Attempted contact on 7/18/24 with the Prescribing Doctor revealed she was unavailable and was accessible "by appointment only."</p> <p>Interview on 7/17/25 and 7/18/25 with the Licensee/QP #1 revealed: -The facility nurse and prescribing doctor reviewed the clients' MARS and client medications, "she would have the six month regimen; I don't know anything about that information." -The medication review was provided by a "third-party provider." -Did not have time to get the six-month psychotropic medication review documentation from the doctor.</p>	V 121	<p>As APOMO reviews this tag, there is better understanding of what the Surveyor was requesting. MARs are and have been reviewed by the medication provider monthly. Those MARs are updated with the doctors notes in Therap. Going forward we will ensure that they are included with the Surveyor documentation at review.</p>	
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to an offer of employment for 1 of 7 staff (Staff #5). The findings are:</p>	V 131		

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V 131	<p>Continued From page 12</p> <p>Review on 7/15/25 of Staff #5's record revealed: -Date of hire: 3/1/25. -HCPR accessed on 2/21/24.</p> <p>Interview on 7/18/25 with the Licensee/Qualified Professional #1 revealed: -Was responsible for completing the HCPR checks. -Was aware that the HCPR checks should be completed before offer of employment. -Did not realize the check for Staff #5 had not been done before date of hire.</p>	V 131	<p>V131This tag is invalid. It is stating something contrary to the statute. The statute indicates that the HCPR should be reviewed before hiring. Staff number 5 hire date was 3/1/24. HCPR was completed 2/21/24 which is prior to the hire date. The full statute does not provide stipulations on time frame surrounding hire date. It just states prior to hire. APOMO will however, continue to be compliant in completing the HCPR prior to the hire date of staff. APOMO will continue to have potential employees complete the pre-hire paperwork that will be dated prior to their hire date. Their pre-hire paperwork allows us the proper authorization to obtain their vital docs and consent to background review.</p>	
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned</p>	V 133		

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V 133	Continued From page 13 on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the	V 133		

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V 133	<p>Continued From page 14</p> <p>conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer</p>	V 133		
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V 133	Continued From page 15 or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article	V 133		

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V 133	<p>Continued From page 16</p> <p>29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p>	V 133		
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V 133	Continued From page 17 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a criminal history record check was requested within 5 business days of making the conditional offer of employment affecting 2 out of 7 staff (#1, #4). The findings are: Review on 7/14/25 of Staff #1's record revealed: -Date of hire was 5/15/22. -Offer Letter was dated and signed 1/12/22. -A criminal history record check was requested on 5/2/22. Review on 7/14/25 of Staff #4's record revealed: -Date of hire was 3/1/24. -Offer Letter was dated and signed 2/15/24. -A criminal history record check was requested on 2/21/24. Interview on 7/18/25 with the Licensee/Qualified Professional #1 revealed: -Was not aware criminal history check was not requested within 5 business days of making the conditional offer of employment for Staff #1 and Staff #4.	V 133	V133 This is an invalid tag. We are being cited for failing to complete a background check within 5 days of conditional employment. Conditional employment is defined by NC DHHS as allowing a provider to hire an applicant before receiving the results of a criminal history check as long as two conditions are met. 1. The applicant provides consent to the criminal history check and 2. The provider submits the request is submitted within 5 business days after the person begins conditional employment. Interpreted to define conditional employment as a temporary period of employment that is dependent on the person successfully completing the background check. Conditional employment allows employees to work during the temporary period and are eligible for compensation. Employment is considered work for compensation. Our employees are not conditionally employed. They are requested to complete pre-hire documentation that allows us to complete their background review. They are not hired employees unless or until the background review and HCPR meets the satisfaction of employment for APOMO. We are not held to a 5-day standard because employment does not commence until after their background and HCPR is complete hence a hire date after their background check and HCPR are completed. to remain compliant, APOMO will continue to provide a pre-hire letter to employees to allow us to obtain vital documentation and signed authorizations to complete their background review. Background checks will be completed to the satisfaction of APOMO prior to a hire date being determined. This will be monitored by the QP at least on a quarterly basis.		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have	V 364			

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V 364	<p>Continued From page 18</p> <p>access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the</p>	V 364		

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V 364	<p>Continued From page 19</p> <p>Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor</p>	V 364		

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V 364	<p>Continued From page 20</p> <p>client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <ol style="list-style-type: none"> (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <ol style="list-style-type: none"> (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, 	V 364		

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V 364	<p>Continued From page 21</p> <p>recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent</p>	V 364		

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V 364	<p>Continued From page 22</p> <p>adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on interviews, the facility failed to ensure privacy. The findings are:</p> <p>Interview on 7/14/25 with client #1 revealed: -Was able to get calls with guardian by computer. -"They (staff) monitor me on the computer."</p> <p>Interview on 7/14/25 with client #2 revealed: -Simple answers and sentences. -Felt safe. -Did not talk much, answered questions sporadically. -Did not respond and did not acknowledge some questions asked.</p> <p>Interview on 7/14/25 with client #3 revealed: -Talked minimally and answered questions sporadically. -Simple answers and sporadic sentences with repeated words and phrases. -Did not acknowledge some questions asked.</p> <p>Unable to interview client #4 on 7/14/25 because he had been hospitalized.</p> <p>Interview on 7/16/25 with Former Staff #8 revealed:</p>	V 364	<p>V364 Surveyor stated that client 1 was able to call guardian by computer and staff monitors client 1 on the computer. This is incorrect. Client 1 does not receive guardian calls by computer. Client 1 does use the computer for recreation and he has visited adult site. Staff monitors his computer use for inappropriate site access through history and visuals if he is in an open space. The computer is owned by APOMO.</p> <p>Regarding monitoring phone calls and video conference calls. APOMO has retrained staff and notified all LRPs and family members that we are unable to monitor calls and video chats. Staff will assist underage residents with logging into the computer or dialing the number. Staff will allow resident to choose where they would like to have the call. If the resident requires assistance to redial or work the computer, the resident will need to call staff for assistance. For underage residents, staff will check in periodically to see if the call has ended and secure the phone or computer for other use. This will be monitored by the QP monthly.</p>	

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V 364	<p>Continued From page 23</p> <p>-Clients made calls (video) on the facility computer with staff present.</p> <p>-Clients were in the kitchen for video calls while other clients watched television in the kitchen, "in their rooms (bedroom) or wherever they wanted to be."</p> <p>Interview on 7/15/25 with Staff #1 revealed: -They (clients) can call anyone they want to call, but that is up to the social worker if they have one." -"We don't monitor the calls. They (clients) make calls in their rooms. Calls are not on speaker, that's their private conversation and we don't listen." -"[Client #2] calls on computer are monitored, the social worker is on the call with him and may ask staff to monitor if she is unable. -Client #2 can't have unsupervised time with his mother and if the facility computer malfunctions, the call is placed on speaker for staff to hear.</p> <p>Interview on 7/14/25 with Staff #4 revealed: -Only 2 clients have phone calls, client #2 and client #3. -Video calls are made on the facility computer, "...staff is right there beside them (clients)."</p> <p>Interview on 7/15/25 with Staff #5 revealed: -Phone calls are made in client's bedrooms. -Calls are monitored by staff.</p> <p>Interview on 7/14/25 with Staff #6 revealed: -Calls (video) were made on the facility laptop. -Calls were monitored by staff either in the client's bedroom or in the common area while other clients watched television.</p> <p>Interview on 7/15/25 with the Facility's Training and Development Coordinator/Qualified</p>	V 364		

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V 364	<p>Continued From page 24</p> <p>Professional (QP) revealed: -"They (clients) are able talk on the phone freely, staff is right there. If a client is on the phone in the living room, staff is in the living room; they (clients) can go in their room and the staff will be standing outside the door." -Client calls were not always on speaker.</p> <p>Interview on 7/18/25 with the Licensee/QP #1 revealed: -Telephone calls were placed on speaker so staff can monitor. -Social worker had requested that the facility monitor calls.</p>	V 364		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 	V 366		

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V 366	<p>Continued From page 25</p> <p>164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(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.</p> <p>(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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(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:</p> <p>(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;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The</p>	V 366		

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V 366	<p>Continued From page 26</p> <p>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</p> <p>(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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by:</p>	V 366		
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V 366	<p>Continued From page 27</p> <p>Based on record review and interview, the facility failed to implement written policies governing their response to level I, II and III incidents and failed to issue written preliminary findings of facts within five working days of the incident to the Local Management Entity (LME)/Managed Care Organization (MCO). The findings are:</p> <p>Review on 7/14/25 and 7/18/25 of the North Carolina Incident Response Improvement System (IRIS) from 4/1/25-7/18/25 revealed:</p> <ul style="list-style-type: none"> -On 5/12/25, 6:30am, Client #4 "eloped from staff and ran to a neighborhood and asked the neighbor to call the police. Staff arrived behind the individual but 3rd party had already called 911. Individual (client #4) was well and police was familiar with consumer (client #4) and staff. Once consumer deescalated, he returned with staff and continued his day." -No report submitted regarding the 6/5/25 incident in which client #3 was injured as the result of SIB. -No report of a hold used during the 6/5/25 incident in which client #3 was injured as the result of SIB. -No report submitted for client #4's elopement three times on 7/12/25 resulting in police contact. -No report submitted for client #4's elopement and SIB with police contact on 7/15/25. -No report submitted to address clients' behaviors (property destruction, threats, SIBs, aggression) listed in the April through June client behavior reports and case notes. -No report submitted for client #4's elopement and SIB on 7/15/25 resulting in visible marks and scars on client #4, and police contact. <p>Review on 7/16/25 of the facility's Incident Reports dated 4/1/25-7/16/25 revealed:</p> <ul style="list-style-type: none"> -On 5/6/25 at approximately 2:25pm, Client #4 eloped and was followed by Staff #5 in her car. 	V 366		
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V 366	<p>Continued From page 28</p> <p>-On 5/9/25 at approximately 2:00pm, Client #4 eloped and was followed by Staff #5 in her car.</p> <p>-On 5/24/25 at approximately 12:25am, Staff #3 did bed check around 12:30am and Client #1 "was not in room and had eloped through his bedroom window. Client #1 was found outside in the backyard."</p> <p>-On 5/26/54/25 at approximately 11:30am, Client #4 "began to elope from [recreational center]. Staff #2 followed him outside and called a manager when client #4 began walking in street on a busy road.</p> <p>-On 6/5/25 at approximately 8:30am, Client #3 was agitated, Staff #5 tried taking client #3 to his room and he hit my her arm. Staff #2 came to assist Staff #5. Client #3 was banging his head and was injured.</p> <p>-Abrasion (Forehead); Self Injurious Behavior (SIB); Minor (First aid)</p> <p>-"[Staff #5] was in the room (client #3's bedroom) with [client #3] as he had a behavior. I (Staff #2) heard banging and screaming. After some time she (Staff #5) called me over asked me to take over. [Client #3] was throwing toys in the closet when I walked in. After speaking to him he stopped. After a few minutes of crying I asked him "are you done" he said yes. I told him now let's clean the closet up so we can go to the [recreation center]. I walked away to give him space. I came back shortly after to check on him and he was still in the process of cleaning. I walked out of room an informed other staff (#5) he's cleaning. I sat in living room and the other staff (#5) took over from there."</p> <p>-On 6/20/25 at approximately 2:00pm, "[client #1] intended to change his attire in the bathroom before heading to the park with a splash pad. Shortly after, [client #1] exited the bathroom, coughing. Staff (#1) provided him with water and inquired about his well-being, but he claimed</p>	V 366		
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V 366	<p>Continued From page 29</p> <p>nothing was wrong and continued as if nothing had occurred. However, staff discovered that [client #1] had sprayed pepper spray in the bathroom, apparently in an attempt to inhale the substance."</p> <p>-No documentation that the facility attended to the health and safety need of individuals involved, determined the cause of the incident, developed and implemented corrective action, developed and implemented measures to prevent similar incidents and assigned persons to be responsible for implementation of corrections and preventive measures.</p> <p>Review on 7/17/25 of the Facility's Employee Disciplinary Actions revealed: -"Employee Warning Notice", dated 6/16/25 for Staff #5, for the 6/5/25 incident in which client #3 was injured as the result of self-injurious behaviors. "...an individual (client #3) injured his head resulting in an open wound and bleeding while having a behavior...An unapproved walk assist was used with the individual (client #3) during the incident. The injury was not witnessed by either staff...[Staff #5] will only use approved crisis interventions...will ensure that any incident involving injury is reported..., documented..., and injury taken care of to ensure no infection..." -"Employee Warning Notice", dated 6/17/25 for Staff #2, for the 6/5/25 incident in which client #3 was injured as the result of self-injurious behaviors. "...an individual (client #3) injured his head resulting in an open wound and bleeding while having a behavior...[Staff #2] will ensure that he intervenes if he witnesses any unapproved procedure being performed..."</p> <p>Review on 7/17/25 of client #1's Behavior Report and Case Note for April through June 2025 revealed:</p>	V 366	<p>V366 APOMO will complete incident reports according to the IRIS incident reporting Manual. The Compliance and Operations QP will review the current practices and implement new procedure to ensure requirements are met. Staff will be retrained to ensure that reporting is done according to policy. The CO QP and TD QP will monitor to ensure that staff and reports are complete according to policy. Monitoring will take place monthly.</p>	

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V 366	<p>Continued From page 30</p> <p>-April 2025: Disruptive Behavior-9. -May 2025: Inappropriate Physical Contact- 1, Physical Aggression-2, Property Destruction-2, Sexual Behavior/Disrobing-2. -June 2025: Disruptive Behavior- 5, Inappropriate Physical Contact- 9, Property Destruction-5, SIB-4, Sexual Behavior/Disrobing-2.</p> <p>Review on 7/17/25 of client #2's Behavior Report and Case Note for April through June 2025 revealed: -April 2025: Disruptive Behavior-10, Elopement-1, Inappropriate Physical Contact-4, Property Destruction-1, SIB-2. -May 2025: Disruptive Behavior-14, Elopement-3, Inappropriate Physical Contact-1, Physical Aggression-2, Property Destruction-2, Sexual Behavior/Disrobing-2. -June 2025: Disruptive Behavior- 27, Elopement-4, Inappropriate Physical Contact- 15, Property Destruction-1, SIB- 8, Sexual Behavior/Disrobing-10.</p> <p>Review on 7/17/25 of client #3's Behavior Report and Case Note for April through June 2025 revealed: -April 2025: Disruptive Behavior- 12, Inappropriate Physical Contact-1, Physical Aggression- 2, Property Destruction-2, SIB-1, Threats of Harm to Self/Others-1. -May 2025: Disruptive Behavior-16, Elopement-1, Inappropriate Physical Contact-3, Physical Aggression- 11, Property Destruction-2, SIB-1. -June 2025: No data provided.</p> <p>Review on 7/17/25 of client #4's Behavior Report and Case Note for April through June 2025 revealed: -April 2025: Disruptive Behavior-6, Elopement- 1, Property Destruction-4, Threats of Harm to</p>	V 366		

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V 366	<p>Continued From page 31</p> <p>Self/Others-1. -May 2025: Disruptive Behavior-14, Elopement-7, Physical Aggression-6, Property Destruction-8, SIB-1, Threats of Harm to Self/Others-5. -June 2025: Disruptive Behavior- 15, Elopement-16, Physical Aggression- 5, Property Destruction-6, SIB-4, Threats of Harm to Self/Others-3.</p> <p>Interview on 7/18/25 with Staff #1 revealed: -Was called on 6/5/25 when client #3 was injured "banging his head in the closet." -"I was not involved with that process, I got the pictures (from Staff #5). I sent the picture to [Licensee/Qualified Professional #1]. I said (to Staff #5) you're going to have to do a [incident report]..." -"He (client #3) broke his skin, it (injury) was reddish, red color, skin was broke there (on forehead) and a little red like it had been bleeding; it (injury) was monitored washed and clean, a day or 2 later it was gone." -"...walk assist, I have heard of that...walking with client, take a walk with them to calm them down."</p> <p>Attempted interview on 7/18/25 with Staff #2 unsuccessful and no response to request for alternate contact information.</p> <p>Interview on 7/18/25 with Staff #3 revealed: -"...[client #4] had multiple incidents, this past Saturday (7/12/25)...he would elope and was bought back once by police, once by staff, once by police again and was bought to the hospital..."</p> <p>Interview on 7/18/25 with Staff #5 revealed: -Was working with Staff #2 on 6/5/25 when client #3 exhibited SIBs and was injured. -Client #3 injured his forehead during head</p>	V 366		

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V 366	Continued From page 32 banging behavior and was provided first aid. -Client #3 had SIBs monthly. -Used walk assist intervention during 6/5/25 incident with client #3, "I was holding his (client #3) arms side by side, down by his side. His (client #3) arms were either on the side of his body or in back, behind him and I had one of his hands in each of my hands." -The Licensee/QP #1 "didn't like the way I was holding him. She said it (the hold) could have made him (client #3) more aggressive." -Management would provide "training on the appropriate way (hold)...they saw it as a restrictive technique and I didn't see it like that at the time. I just wanted to get him (client #3) to a safe place and stop him from hitting (Staff #5) and throwing things." -Had not had training or been scheduled for further training on interventions in crisis. -Completed internal incident report on 6/5/25. -There was an investigation of the incident, "and the disciplinary action was maybe a week later." -Was unsure if client #3's guardian was notified -Was unsure if an IRIS report was submitted by management. -The Licensee/QP #1 and the Licensee/QP #2 were responsible for notifying guardian and IRIS reporting. Interview 7/14/25 with Staff #6 revealed: -Client #4 ran away Saturday (7/12/25) and the Training and Development Coordinator/QP completed the incident report. Interview on 7/18/25 with the Licensee/QP #2 revealed -The incident on 6/5/25 in which client #3 was injured due to SIB, "did not involve an improper hold." -"...an unapproved walk assist means "she (Staff	V 366		

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NAME OF PROVIDER OR SUPPLIER APOMO-RANKIN STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 220 RANKIN STREET KANNAPOLIS, NC 28081		
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V 366	<p>Continued From page 33</p> <p>#5) guided him (client #3) with her hand to his room with one hand in front of him pointing in the direction of his room and one hand on his back guiding him into the room...he (client #3) was hitting her (Staff #5)."</p> <p>-"...the unapproved procedure being performed referred to "[Client #3]'s head banging and [Staff #5] didn't put her hand between his head and the wall and [Staff #2] should have stepped in to do it (put his hand) if [Staff #5] didn't."</p> <p>-Was unsure if an IRIS report was submitted.</p> <p>-"...we did an investigation that's how we did the disciplinary action."</p> <p>Interview on 7/17/25 and 7/18/25 with the Licensee/QP #1 revealed:</p> <p>-"We do behaviors (charting) for all of them</p> <p>-IRIS reports were submitted when police are involved.</p> <p>-Clients eloping have never gotten out of staff's line of sight.</p> <p>-Internal incidents are submitted "if there is something that happens out of the ordinary, but not with each of the behaviors; sometimes there are incident reports, it's just the level they get to (depends on if behavior escalates). Like the other day [client #4] choked himself... Tuesday 7/15/25, I did a level II for that."</p> <p>-"[Client #3] is physically aggressive, what initiated the incident (6/5/25) was he was beginning to hit her (Staff #5) and she was directing him to the room (bedroom) with her hand behind him directing him to the room, she wasn't touching him...I know this because she demonstrated it for us and we also saw it on the camera (facility).</p> <p>-Was not able to access camera footage after 15 days.</p> <p>-Client #3's wound was not "big, just a little scrape; we put like a [ointment] and peroxide and</p>	V 366		

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V 366	<p>Continued From page 34</p> <p>washed it but it was just a little scrape." -No documentation that client #3's guardian was informed of client #3's injury. -No documentation of an investigation for the 6/5/25 incident. -No documentation that the facility attended to the health and safety need of individuals involved, determined the cause of the incident, developed and implemented corrective action, developed and implemented measures to prevent similar incidents and assigned persons to be responsible for implementation of corrections and preventive measures.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <p>(1) reporting provider contact and identification information;</p>	V 367	<p>V367 APOMO will complete incident reports according to the IRIS incident reporting Manual. The Compliance and Operations QP will review the current practices and implement new procedure to ensure requirements are met. Staff will be retrained to ensure that reporting is done according to policy. The CO QP and TD QP will monitor to ensure that staff and reports are complete according to policy. Monitoring will take place monthly.</p>	

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V 367	<p>Continued From page 35</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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).</p> <p>(e) Category A and B providers shall send a</p>	V 367		

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V 367	<p>Continued From page 36</p> <p>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:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II and III incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services were provided as required after becoming aware of the incident. The findings are:</p> <p>Review on 7/16/25 of the facility's Incident Reports dated 4/1/25-7/16/25 revealed:</p>	V 367		
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V 367	<p>Continued From page 37</p> <p>-On 6/5/25 at approximately 8:30am, Client #3 was agitated, Staff #5 tried taking client #3 to his room and he hit my her arm. Staff #2 came to assist Staff #5. Client #3 was banging his head and was injured.</p> <p>-Abrasion (Forehead); Self Injurious Behavior (SIB); Minor (First aid)</p> <p>-"[Staff #5] was in the room (client #3's bedroom) with [client #3] as he had a behavior. I (Staff #2) heard banging and screaming. After some time she (Staff #5) called me over asked me to take over. [Client #3] was throwing toys in the closet when I walked in. After speaking to him he stopped. After a few minutes of crying I asked him "are you done" he said yes. I told him now let's clean the closet up so we can go to the [recreation center]. I walked away to give him space. I came back shortly after to check on him and he was still in the process of cleaning. I walked out of room an informed other staff (#5) he's cleaning. I sat in living room and the other staff (#5) took over from there."</p> <p>On 6/20/25 at approximately 2:00pm, "[client #1] intended to change his attire in the bathroom before heading to the park with a splash pad. Shortly after, [client #1] exited the bathroom, coughing. Staff (#1) provided him with water and inquired about his well-being, but he claimed nothing was wrong and continued as if nothing had occurred. However, staff discovered that [client #1] had sprayed pepper spray in the bathroom, apparently in an attempt to inhale the substance."</p> <p>Review on 7/14/25 and 7/18/25 of the North Carolina Incident Response Improvement System (IRIS) from 4/1/25-7/18/25 revealed:</p> <p>-On 5/12/25, 6:30am, Client #4 "eloped from staff and ran to a neighborhood and asked the neighbor to call the police. Staff arrived behind</p>	V 367		

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V 367	<p>Continued From page 38</p> <p>the individual but 3rd party had already called 911. Individual (client #4) was well and police was familiar with consumer (client #4) and staff. Once consumer deescalated, he returned with staff and continued his day."</p> <p>-No report submitted regarding the 6/5/25 incident in which client #3 was injured as the result of SIB.</p> <p>-No report of a hold used during the 6/5/25 incident in which client #3 was injured as the result of SIB.</p> <p>-No report submitted for client #4's elopement three times on 7/12/25 resulting in police contact.</p> <p>-No report submitted for client #4's elopement and SIB with police contact on 7/15/25.</p> <p>-No report submitted to address clients' behaviors (property destruction, threats, SIBs, aggression) listed in the April through June client behavior reports and case notes.</p> <p>-No report submitted for client #4's elopement and SIB on 7/15/25 resulting in visible marks and scars on client #4, and police contact.</p> <p>Interview on 7/18/25 with Staff #1 revealed:</p> <p>-Was called on 6/5/25 when client #3 was injured "banging his head in the closet."</p> <p>-"I was not involved with that process, I got the pictures (from Staff #5) but I wasn't involved. I sent the picture to [Licensee/Qualified Professional #1]. I said (to Staff #5) you're going to have to do a [incident report]...he (client #3) broke his skin, it (injury) was reddish, red color, skin was broke there (on forehead) and a little red like it had been bleeding; it (injury) was monitored washed and clean, a day or 2 later it was gone."</p> <p>-"...we don't do IRIS reports unless the police are called."</p> <p>-"...walk assist, I have heard of that...walking with client, take a walk with them to calm them down."</p> <p>Attempted interview on 7/18/25 with Staff #2</p>	V 367		

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V 367	Continued From page 39 unsuccessful and no response to request for alternate contact information. Interview on 7/18/25 with Staff #3 revealed: -"...[client #4] had multiple incidents, this past Saturday (7/12/25)...he would elope and was bought back once by police, once by staff, once by police again and was bought to the hospital..." Interview on 7/18/25 with Staff #5 revealed: -Was working with Staff #2 on 6/5/25 when client #3 exhibited SIBs and was injured. -Client #3 injured his forehead during head banging behavior and was provided first aid. -Client #3 had SIBs monthly. -Used walk assist intervention during 6/5/25 incident with client #3, "I was holding his (client #3) arms side by side, down by his side. His (client #3) arms were either on the side of his body or in back, behind him and I had one of his hands in each of my hands." -The Licensee/Qualified Professional (QP) #1 "didn't like the way I was holding him. She said it (the hold) could have made him (client #3) more aggressive." -Management would provide "training on the appropriate way (hold)...they saw it as a restrictive technique and I didn't see it like that at the time. I just wanted to get him (client #3) to a safe place and stop him from hitting (Staff #5) and throwing things." -Had not had training or been scheduled for further training on interventions in crisis. -Completed internal incident report on 6/5/25. -There was an investigation of the incident, "and the disciplinary action was maybe a week later." -Was unsure if client #3's guardian was notified -Was unsure if an IRIS report was submitted by management. -The Licensee/QP #1 and Licensee/QP #2 were	V 367		

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V 367	<p>Continued From page 40</p> <p>responsible for notifying guardian and IRIS reporting.</p> <p>Interview 7/14/25 with Staff #6 revealed: -Client #4 ran away Saturday (7/12/25) and Training and Development Coordinator/QP completed the incident report.</p> <p>Interview on 7/18/25 with the Licensee/QP #2 revealed -The incident on 6/5/25 in which client #3 was injured due to SIB, "did not involve an improper hold." -"...an unapproved walk assist means "she (Staff #5) guided him (client #3) with her hand to his room with one hand in front of him pointing in the direction of his room and one hand on his back guiding him into the room...he (client #3) was hitting her (Staff #5)." -"...the unapproved procedure being performed referred to "[Client #3]'s head banging and [Staff #5] didn't put her hand between his head and the wall and [Staff #2] should have stepped in to do it (put his hand) if [Staff #5] didn't." -Was unsure if an IRIS report was submitted. -"...we did an investigation that's how we did the disciplinary action."</p> <p>Interview on 7/17/25 and 7/18/25 with the Licensee/QP #1 revealed: -"We do behaviors (charting) for all of them -IRIS reports were submitted when police are involved. -Clients eloping have never gotten out of staff's line of sight. -Internal incidents are submitted "if there is something that happens out of the ordinary, but not with each of the behaviors; sometimes there are incident reports, it's just the level they get to (depends on if behavior escalates). Like the</p>	V 367		

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V 367	Continued From page 41 other day [client #4] choked himself... Tuesday 7/15/25, I did a level II for that." -[Client #3] is physically aggressive, what initiated the incident (6/5/25) was he was beginning to hit her (Staff #5) and she was directing him to the room (bedroom) with her hand behind him directing him to the room, she wasn't touching him...I know this because she demonstrated it for us and we also saw it on the camera (facility). -Was not able to access camera footage after 15 days. -Client #3's wound was not "big, just a little scrape; we put like a [ointment] and peroxide and washed it but it was just a little scrape." -No documentation that client #3's guardian was informed of client #3's injury. -No documentation of an investigation for the 6/5/25 incident. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, attractive, and orderly manner. The findings are: Observation on 7/14/25 at approximately 2:00-2:30 pm of the facility interior and exterior	V 736		

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V 736	<p>Continued From page 42</p> <p>revealed:</p> <p>Interior</p> <ul style="list-style-type: none"> -Holes in client #1's bedroom walls: -Behind the door, a hole through the sheetrock (about 4-5 inches in diameter, splintered cracks about 2-3 feet vertically, and 2 holes that were about 2-3 feet horizontally). -On the parallel wall were poked holes (3) about a fraction of an inch, creating a cluster about 3 inches in diameter. -In client #2's bedroom was a footprint (light grayish mark) and indentation on the wall inside the bedroom on the left side of the door entry near the frame that was about 1.5 feet by 0.5 feet. -Knobs missing from the cabinet doors in the hallway bathroom used by client #1. -Ensuite bathroom shared by clients #2 and #3 had standing water and a broken sink stopper. <p>Exterior</p> <ul style="list-style-type: none"> -Gutter on the right side of the facility with sheets of writing papers, some white, some discolored, some flat, some sticking out and clinging to the side of the gutter. <p>Interview on 7/14/25 with client #1 revealed:</p> <ul style="list-style-type: none"> -Had fallen and damaged the wall behind his door. -Did not know how the walls had gotten in the parallel wall. <p>Interview on 7/14/25 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -Client #1 may have removed knobs from the bathroom cabinet for use with sexualized behaviors. -Client #1 had a practice of removing and taking things apart for sexualized behaviors. -Client #1 had "fake fainted" and fell into the wall after staff caught him huffing pepper spray in the bathroom. 	V 736	<p>V736 This tag description is an exaggeration. The surveyor is correct in the hole in the sheet rock behind the door was appx 2-3 inches in diameter. In addition the splinter cracks could be fully covered by a sheet of paper and were therefore less than 1 ft. As indicated the was a foot mark near the door of client 2. As previously indicated the client recently created the mark in crisis in which he was in the hospital. Knobs as sink stoppers were missing due to a clients removal.</p> <p>APOMO has a repair person visit locations every 1-2 months to complete repairs or replacement of damage created by residents. Those items were scheduled for repair on 7/21 and were repaired on that date. As of 7/25, client 1 has already removed the sink stoppers and bathroom cabinet knobs again. They are rescheduled for repair on 8/25. APOMO completes a monthly facility inspection checklist to review the properties to see what repairs needs to be made and contacts the appropriate repair person. This practice will continue and repairs will continue to be made in a timely fashion. The QP will continue to monitor on a monthly basis.</p> <p>Exterior - Client #3 engages in a behaviors and coping method of through papers in the air and watching them fly down inside the home. Outside the home, he prefers to try to get them stuck on the roof. This happens multiple times a day. While this is a self soothing method for a client, we periodically remove the papers a couple times a month. APOMO will continue to ensure that papers are removed on a periodic basis. This will be monitored by Staff and the QP monthly.</p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-232	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/18/2025
NAME OF PROVIDER OR SUPPLIER APOMO-RANKIN STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 220 RANKIN STREET KANNAPOLIS, NC 28081		
(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 736	Continued From page 43 -She would inform the owners to send the work order and schedule for maintenance repair prior to survey exit. Interview on 7/17/25 and 7/18/25 with the Licensee/Qualified Professional (QP) #1 revealed: -Client #3 liked going outside, throwing papers in the air and liked when they landed on the roof. -Had maintenance person who was responsible for repairs. -Did not have a work order for repairs. Interview on 7/17/25 with the Licensee/QP #2 revealed: -Client #1 kicked the wall in his bedroom when he got upset. -"We have a couple of handymen we work with and we have a request for him to come do repairs. The request was put in (previous week)...scheduled to do the repair at the end of next week...coming to fix the sink (stopper), the 2 holes in [client #1]'s room walls."	V 736		