

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/26/2025
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NAME OF PROVIDER OR SUPPLIER PROFESSIONAL FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 122 ORCHARD CREST CIRCLE SANFORD, NC 27330
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on August 26, 2025. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 3 and has a current census of 1. The survey sample consisted of audits of 1 current client.</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		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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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 interviews, the facility failed to obtain a written consent by a responsible party for a client's treatment plan affecting one of one client (#1). The findings are:</p> <p>Review on 8/26/25 of client #1's record revealed: -Date of admission: 12/12/24. -Diagnoses of Moderate Intellectual Developmental Disability, Oppositional Defiant Disorder (ODD), Attention Deficient Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Hypercholesterolemia, Insomnia, Constipation and Dandruff. -Client #1's legal guardian was his father. -Individual Support Plan (ISP) dated 12/12/24 was not signed by the legal guardian/father.</p> <p>Interview on 8/26/25 client #1 stated: -He lived at the facility since last year. -His father was his guardian. -His goals at the facility were "cleaning, cooking, gardening and working on behaviors."</p> <p>Interview on 8/26/25 the Clinical Director stated: -Client #1's legal guardian was his father. -She and the Innovations Manager completed the short range goals for the ISP for client #1. -"I gave it (ISP) to the Innovations Manager, she must have had [client #1] to come in and sign it." -The Innovations Manager no longer worked at the facility.</p>	V 112		

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V 112	Continued From page 2 -"The father is aware of the goals and agreed with them; he was present on the call when the goals were developed." -"I should have went back and checked to see if the signature (on the ISP) was from the guardian." -She understood that client's treatment plan must contain a written consent by the responsible party. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use. This Rule is not met as evidenced by: Based on record review and interviews the facility	V 114		

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V 114	<p>Continued From page 3</p> <p>failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 8/26/25 of the facility's fire and disaster drills from 7/1/24-6/30/25 revealed: Third Quarter 2024 (July-September) -No fire or disaster drills documented for the 1st or 3rd shifts. Fourth Quarter 2024 (October-December) -No fire drills documented for the 1st or 3rd shifts. -No disaster drills documented. First Quarter 2025 (January-March) -No fire drills documented for the 1st shift. -No disaster drills documented for the 1st or 3rd shifts. Second Quarter 2025 (April-June) -No fire or disaster drills documented.</p> <p>Interview on 8/26/25 client #1 stated: -"We do them (drills), not often though." -Clients went to the mailbox for fire drills. -Clients went into the bathtub for disaster drills.</p> <p>Interview on 8/26/25 staff #4 stated: -Drills were completed once a month. -He had completed "a couple" drills since he was hired. -Clients went near the street for fire drills. -Clients went to the bathroom for disaster drills.</p> <p>Interview on 8/26/25 the House Manager stated: -"I am responsible for telling staff which shifts they are supposed to do drills on." -"It was a misunderstanding how often the drills are supposed to be done." -She would ensure the drills are done once a shift every quarter.</p> <p>Interview on 8/26/25 the Residential</p>	V 114		

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V 114	<p>Continued From page 4</p> <p>Director/Qualified Professional stated: -The shifts everyday at the facility were 8am-4pm, 4pm-12am and 12am-8am. -Clients went to the mailbox for fire drills. -Clients were in the hallway for disaster drills. -There were no other drills documented. -"I think it was some confusion on understanding the rule for drills for DHSR (Division of Health Service Regulation). -"I was focusing on [an accreditation program] rules." -He would work with the House Manager to make sure the drills are done once a shift every quarter.</p> <p>Interview on 8/26/25 the Clinical Director stated: -The House Manager and Residential Director are responsible for ensuring the drills are completed. -The facility would make sure that drills are done once a shift every quarter.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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: Based on record review and interview, the facility failed to keep the MAR current for 1 of 1 audited client (#1). The findings are:</p> <p>Review on 8/26/25 of client #1's record revealed: -Date of admission: 12/12/24. -Diagnoses of Moderate Intellectual Developmental Disability, Oppositional Defiant Disorder (ODD), Attention Deficient Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Hypercholesterolemia, Insomnia, Constipation and Dandruff. -Physician order dated 1/9/25: Escitalopram 20 milligram (mg) (ADHD and ODD) Take one tablet</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>every morning, Aripiprazole 10 mg (ADHD and ODD) Take one tablet every morning, Divalproex 500 mg (ADHD and ODD) Take one tablet twice a day, Stool Softener 100 mg (Constipation) Take one tablet twice a day.</p> <p>Review on 8/26/25 of client #1's June 1, 2025-August 26, 2025 MARs revealed: -Escitalopram, Aripiprazole and Stool Softener - No staff initials to indicate the medications were administered on 7/12/25. -Divalproex - No staff initials to indicate medication was administered on 7/12/25 (8am) and 7/13/25 (8pm).</p> <p>Interview on 8/26/25 client #1 stated: -He took his medication every day. -"I don't know the medications I take." -Staff administered his medications to him. -He had not missed any medications.</p> <p>Interview on 8/26/25 staff #4 stated: -He was not aware that client #1 missed any medication. -"Blank on the MAR would mean that perhaps the medications were given but the staff did not initial."</p> <p>Interview on 8/26/25 the House Manager stated: -She and the Qualified Professional (QP) checked the MARs for errors or blanks. -She did not know why there were blanks on the MAR. -Client #1 took his medications everyday. -Client #1 had not missed any medications.</p> <p>Interview on 8/26/25 the Residential Director/QP stated: -Client #1 took his medication everyday. -He and the House Manager checked the MARs</p>	V 118		

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V 118	Continued From page 7 for "errors or blanks." -"I don't know why there is blanks on the MAR, I don't want to speculate." -"[Client #1] has not said that he didn't get his medication anytime." -He would ensure that the MARs were kept current. Interview on 8/26/25 the Clinical Director stated: -She was not aware of any blanks on the MARs. -The QP and House Manager were responsible for checking the MARs for "errors." -The facility would ensure that the MARs were kept current.	V 118		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and	V 366		

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V 366	<p>Continued From page 8</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 9</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 10</p> <p>Based on record review and interview, the facility failed to adhere to their policy governing incident reports as required. The findings are:</p> <p>Review on 8/26/25 of the facility's records from 5/1/25 to 8/26/25 revealed:</p> <ul style="list-style-type: none"> -An unsigned handwritten statement detailing an incident that happened on 5/30/25 at the facility with client #1 that states "the client scratched my arms and forearm, spat into my face, kicked a hole in the wall, grabbed and broke my glasses, and bit into my thumb. Minutes later, while restraining the client, I got the client to calm down..." -There were no documentation showing how the provider addressed the individual ' s health and safety needs following the incident, determined the cause of the incident, or developed and implemented corrective measures. <p>Review on 8/26/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> -Date of admission: 12/12/24. -Diagnoses of Moderate Intellectual Developmental Disability, Oppositional Defiant Disorder (ODD), Attention Deficient Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Hypercholesterolemia, Insomnia, Constipation and Dandruff. -No hospital discharge summary for 5/30/25 visit. <p>Interview on 8/26/25 client #1 stated:</p> <ul style="list-style-type: none"> -He did not remember the date of the restrictive intervention. "It has been so long, maybe a few months ago" -"I was upset about something with my mom." -"I bit [staff #4]." -"Me and [staff #4] fell on the ground and he held my hands so I could not hit him." -"[The RD/QP] held my hands together because I was trying to hit the window." 	V 366		

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V 366	<p>Continued From page 11</p> <ul style="list-style-type: none"> -He did not get injured from the restrictive intervention. -EMS and law enforcement responded to the incident. <p>Interview on 8/26/25 staff #4 stated:</p> <ul style="list-style-type: none"> -Client #1 became upset after a conversation with his mother on 5/30/25. -Client #1 became aggressive towards him physically. -He had to "restrain" client #1 by holding his wrist together "until he calmed down". -He contacted the QP to come assist with client #1. -"I thought the QP had completed an incident report. <p>Interview on 8/26/25 the Residential Director(RD)/QP stated:</p> <ul style="list-style-type: none"> -He was responsible for completing the incident reports, determining the cause of the incident, attending to the health and safety of the individual involved in the incident and developing and implementing corrective measures. -On 5/30/25 he received a call from staff #4 that client #1 was being physically aggressive towards staff. -When he arrived at the facility client #1 continued to be aggressive. -"There were no holds or restraints, I did secure his wrist with my hands." -Emergency Medical System (EMS) was called to assist with client's behavior. -EMS and law enforcement were both at the facility. -Client voluntarily went with EMS to the local hospital for mental health treatment. -He did not see staff #4 perform a "hold or restraint." -He did not complete a facility incident report after 	V 366		

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V 366	<p>Continued From page 12</p> <p>restrictive intervention was performed on client #1 by himself or staff #4 on 5/30/25.</p> <p>-There was no documentation to how the health and safety needs of individuals was addressed involved in the incident, determining the cause of the incident and developing and implementing corrective measures.</p> <p>-"I did an IRIS report but I can not access a copy of the report, I thought it was submitted."</p> <p>-"I will contact the LME to make sure they are notified of the restrictive intervention."</p> <p>Interview on 8/26/25 the Clinical Director stated:</p> <p>-The RD/QP is responsible for the response to all incidents.</p> <p>-"Staff try to de-escalate situations so we don't have to do a hold or restraint."</p> <p>-The RD/QP did have to do "a hold" on client #1 on 5/30/25.</p> <p>-"There should have been a level II incident report for the hold (on 5/30/25 involving client #1) and law enforcement responding to the facility."</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</p>	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/26/2025
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NAME OF PROVIDER OR SUPPLIER PROFESSIONAL FAMILY CARE HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 122 ORCHARD CREST CIRCLE SANFORD, NC 27330
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V 367	<p>Continued From page 13</p> <p>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> <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</p>	V 367		

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V 367	<p>Continued From page 14</p> <p>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 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 review and interviews the facility failed to ensure a Level II incident report was completed within 72 hours and submitted to the Local Management Entity/Managed Care Organization. The findings are:</p>	V 367		

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V 367	<p>Continued From page 15</p> <p>Review on 8/26/25 of the facility's records for client #1 from 5/1/25 to 8/26/25 revealed: -An unsigned handwritten statement dated on 5/30/25 "the client scratched my arms and forearm, spat into my face, kicked a hole in the wall, grabbed and broke my glasses, and bit into my thumb. Minutes later, while restraining the client, I got the client to calm down..."</p> <p>Review on 8/26/25 of the North Carolina Incident Response Improvement System (IRIS) from 5/1/25 to 8/26/25 revealed: -No IRIS report for client #1 dated 5/30/25 for use of restrictive intervention.</p> <p>Review on 8/26/25 of client #1's record revealed: -Date of admission: 12/12/24. -Diagnoses of Moderate Intellectual Developmental Disability, Oppositional Defiant Disorder (ODD), Attention Deficient Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, Hypercholesterolemia, Insomnia, Constipation and Dandruff.</p> <p>Interview on 8/26/25 client #1 stated: -He did not remember the date of the incident. "It has been so long, maybe a few months ago" -"I was upset about something with my mom." -"I bit [staff #4]. -"Me and [staff #4] fell on the ground and he held my hands so I could not hit him." -"[The RD/QP] held my hands together because I was trying to hit the window." -He did not get hurt.</p> <p>Interview on 8/26/25 staff #4 stated: -Client #1 became upset after a conversation with his mother on 5/30/25. -Client #1 became aggressive towards him</p>	V 367		

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V 367	<p>Continued From page 16</p> <p>physically. -He had to "restrain" client #1 by holding his wrist together "until he calmed down". -"I thought the QP had completed an incident report.</p> <p>Interview on 8/26/25 the Residential Director(RD)/QP stated: -He was responsible for completing the incident reports and IRIS reports. -The facility's policy for level II incidents was to complete an IRIS report and "log details on incident." -On 5/30/25 he received a call from staff #4 that client #1 was being physically aggressive towards staff. -When he arrived at the facility client #1 continued being aggressive. -"There were no holds or restraints, I did secure his wrist with my hands." -He did not see staff #4 perform a "hold or restraint." -Staff contacted EMS due to client's continued physical aggression. -Client #1 went to the local hospital voluntarily for care to address mental health needs. -He did not complete a facility incident report after restrictive intervention was performed on client #1 by himself or staff #4 on 5/30/25. --"I did an IRIS report but I can not access a copy of the report, I thought it was submitted." -"I will contact the LME to make sure they are notified of the restrictive intervention."</p> <p>Interview on 8/26/25 the Clinical Director stated: -The RD/QP is responsible for submitting IRIS reports. -"Staff try to de-escalate situations so we don't have to do a hold or restraint." -The RD/QP did have to do "a hold" on client #1</p>	V 367		

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V 367	Continued From page 17 on 5/30/25. -"There should have been a level II incident report for the hold."	V 367		