Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL090-151	A. BUILDING: _____ B. WING _____	R 09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEGALL HOME	7820 HIGHWAY 74 EAST MARSHVILLE, NC 28103

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V 000	INITIAL COMMENTS A follow up survey was completed on 9/4/25. Deficiencies were cited. This facility is licensed for the following service categorty: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 6 current clients.	V 000	RECEIVED SEP 15 2025 DHSR-MH Licensure Sect	
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.	V 108		

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V 108	Continued From page 1 (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that 3 of 3 staff had current training in First Aid and Cardiopulmonary Resuscitation (CPR), (Staff #1, #2 and Qualified Professional (QP)). The findings are: Review on 9/3/25 of staff #1's record revealed: -Hired 9/1/11. -First Aid and CPR training expired 3/7/25. Review on 9/3/25 of staff #2's record revealed: -Hired 8/8/23 -First Aid and CPR training expired 4/10/25. Review on 9/3/25 of the QP's record revealed: -Hired 1/15/19. -First Aid and CPR training expired 3/7/25. Review of the facility's records revealed: -First Aid and CPR training was completed on 6/3/25 for staff #1, #2 and QP. Interview on 9/4/25 with the Corporate First Aid and CPR Trainer revealed: -Classes are "usually" taught onsite virtually either at the facility or at a corporate designated site. -The class on 6/3/25 was a recertification with test administered to QP, staff #1 and #2.	V 108	- Skills Session for Staff #1 and #2 was conducted and completed on September 9th, 2025. - QP will complete the CPR Skill Session on September 22nd. -QP will monitor Staff trainings dates Quarterly to prevention of being out of compliance.	

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V 108	Continued From page 2 -"That was the virtual training and then they (QP, staff #1 #2) did the test online. Interview on 9/3/25 with staff #1 revealed: -First Aid and CPR training was completed on 6/3/25. -The First Aid and CPR training on 6/3/25 was virtual. -The First Aid and CPR training on 6/3/25 was not a hands on training. -"We did not do First Aid with a hands on instructor, we did it on the computer." Interview on 9/3/25 with the QP revealed: -She had arranged the completion of First Aid and CPR training for herself, Staff #1 and Staff #2. -The training was completed on 6/3/25. Further interview on 9/4/25 with the QP revealed: -The First Aid and CPR training on 6/3/25 was a virtual training with a hands on component taught virtually. -Was not aware that the training for First Aid and CPR had to be an in person, hands on training. -Scheduled with the Corporate Trainer for a hands on training on 9/9/25. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 108		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III	V 367		

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V 367	Continued From page 3 incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy	V 367		

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V 367	Continued From page 4 of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (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.	V 367		

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V 367	Continued From page 5 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to submit a level II and III incidents to the Local Management Entity (LME)/ Managed Care Organization (MCO) responsible for the catchment area where services are provided within 24 hours and 72 hours of becoming aware of the incident. The findings are: Review on 9/3/25 of the North Carolina Incident Response Improvement System (IRIS) from 6/1/25 through 9/3/25 revealed: -There was no documentation for client #3' injury from falling and hitting his head. Review on 9/3/25 of the facility's incident reports revealed: -On 7/25/25, client #3 "was attending [Retreat]...went into the bathroom around 5:59am. [Client #3] reported...he lost his balance and fell hitting his forehead resulting in a small cut near his right eyebrow. His eye glasses were broken during the fall...noticed some bruising and discoloration on his forehead above his right eye as well as the cut to his right eyebrow. 911 was called and arrived promptly and transported [client #3] to [Area Hospital]. Lead DSP, [Staff #1] went to the hospital...[Client #3] was treated for a forehead laceration. A glue adhesive was administered for skin adhesive care for the wound/cut to his right eyebrow. [Client #3] was discharged from the ER around 8:26am." Interview on 9/4/25 with the Qualified Professional (QP) revealed: -Completed internal incident report and submitted report in IRIS on "either 7/25 (2025) or 7/26 (2025)."	V 367	-Director will review with QP what agency to notify through the IRIS system as required by all governing rules or statues, including federal requirements by September 30th. -QP will complete IRIS within 24hrs of all Level 2 or Level 3 incidents. -QP will print off hard copy of each report to help Monitor the importance of Incident and Prevention of mistakenly not completing fully	

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V 367	Continued From page 6 -"95% sure" she had submitted a report in IRIS. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367		