

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-084 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 09/16/2025 |
| NAME OF PROVIDER OR SUPPLIER SIGNATURE DAY/THE ENOLA GROUP | | STREET ADDRESS, CITY, STATE, ZIP CODE 540-A EAST UNION STREET MORGANTON, NC 28655 | | |
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| V 000 | <p>INITIAL COMMENTS</p> <p>A complaint survey was completed on September 16, 2025. The complaint was substantiated (NC #00233481). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups.</p> <p>This facility has a current census of 31. The survey sample consisted of an audit of 1 current client.</p> | V 000 | | |
| V 318 | <p>130 .0102 HCPR - 24 Hour Reporting</p> <p>10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report allegations of abuse and exploitation to the Health Care Personnel Registry (HCPR) within 24 hours of becoming</p> | V 318 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| V 318 | <p>Continued From page 1</p> <p>aware of the allegation(s). The findings are:</p> <p>Review on 9/15/25 of Client #1's record revealed: -Admission Date: 7/14/25. -Diagnoses: Intellectual and Developmental Disability (IDD), Moderate; Other Specified Neurological Disorder associated with Failure to Thrive; Significantly Low Deficit in Socialization, Cognition, and Developmental Delay; and Attention Deficit Hyperactivity Disorder.</p> <p>Review on 9/15/25 of Former Staff#1 (FS #1)'s personnel record revealed: -Hire date: 10/5/23. -Termination Date: 9/8/25. -Position: Direct Support Professional.</p> <p>Review on 9/15/25 of internal facility incident reports revealed: -9/5/25, Incident Type: inappropriate sexual behavior, " ...received a phone call from clients guardian reporting inappropriate contact between FS#1 and Client #1 ..."</p> <p>Review on 9/15/25 of North Carolina Incident Response Improvement Reporting System (IRIS) revealed: -Level III incident dated 9/5/25 for Emotional Abuse/Exploitation allegations made against a staff, " ...[Client #1] and a staff member at the [Day Program], [FS#1] began corresponding with one another through ...IPAD ...and ...[FS#1's] cell phone ... FS#1 introduced her to other men on face time ...and they asked her to take off her shirt and pants-she did ...During the course of texting ...[FS#1] had said he loved her and he wanted her to be his girlfriend."</p> <p>Review on 9/15/25 of a fax cover sheet addressed to HCPR from the facility revealed:</p> | V 318 | | |

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| V 318 | Continued From page 2 -HCPR report notification dated 9/12/25. Review on 9/15/25 of facility email documentation revealed: -Receipt of 24 hour report to HCPR dated 9/12/25. Interview on 9/15/25 with the Adult Services Director revealed: -Completed incident reporting and internal investigations for the facility. -Became aware of the situation between FS #1 and Client #1 on September 5, 2025. -Did not know that the referral to the HCPR had to be sent within 24 hours of becoming aware of the allegations. -In the future, the facility would ensure that the HCPR notifications were sent timely. | V 318 | | |
| 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 | V 366 | | |

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| V 366 | Continued From page 3 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 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the | V 366 | | |

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| V 366 | Continued From page 4 occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (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 (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. | V 366 | | |

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| V 366 | <p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit their preliminary findings of facts and incident response to the Local Management Entity/Managed Care Organization (LME/MCO) within 5 working days after a level III incident. The findings are:</p> <p>Review on 9/15/25 of Client #1's record revealed: -Admission Date: 7/14/25. -Diagnoses: Intellectual and Developmental Disability, Moderate; Other Specified Neurological Disorder associated with Failure to Thrive; Significantly Low Deficit in Socialization, Cognition and Developmental Delay; and Attention Deficit Hyperactivity Disorder.</p> <p>Review on 9/15/25 of Former Staff#1 (FS #1)'s personnel record revealed: -Hire date: 10/5/23. -Termination Date: 9/8/25. -Position: Direct Support Professional.</p> <p>Review on 9/15/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -Date of incident: 9/5/25, Level III for Emotional Abuse/Exploitation, " ...[Client #1] and a staff member at the [Day Program] began corresponding with one another through ...IPAD ...and ...[FS#1's] cell phone ... FS#1 introduced her to other men on face time ...and they asked her to take off her shirt and pants-she did ...During the course of texting ...[FS#1] had said he loved her and he wanted her to be his girlfriend." -Date submitted: 9/10/25.</p> | V 366 | | |

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| V 366 | Continued From page 6 -No attached documentation of factual findings by the facility related to the incident, corrective measures taken, preventative measures put in place, and person(s) responsible for ensuring their implementation. Review on 9/15/25 of internal facility incident reports revealed: -9/5/25, incident type: Inappropriate sexual behavior, " ...received a phone call from clients guardian reporting inappropriate contact between FS#1 and Client #1 ..." -Attached documentation of an internal investigation completed by the facility. Interview on 9/15/25 with the Adult Services Director revealed: -Became aware of incident(s) regarding Client #1 and FS #1 on 9/5/25. -Completed an investigation due to allegations of abuse and exploitation of Client #1. -FS #1 was put on administrative leave and then terminated on 9/8/25. -The facility was re-training staff on therapeutic boundaries with clients. -Client #1's guardian had notified local law enforcement and Department of Social Services regarding the incidents. -Did not upload the internal investigation findings (made by the facility) into the IRIS system. -Would upload the facility's findings to the IRIS system. | V 366 | | |
| 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 | V 367 | | |

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| V 367 | <p>Continued From page 7</p> <p>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> <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> | V 367 | | |

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| V 367 | Continued From page 8 (2) reports by other authorities; and (3) the provider's response to the incident. (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). (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 | <p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to notify the Local Management Entity/Managed Care Organization (LME/MCO) of a level III incident within 72 hours of becoming aware of the incident as required. The findings are:</p> <p>Review on 9/15/25 of Client #1's record revealed: -Admission Date: 7/14/25. -Diagnoses: Intellectual and Developmental Disability (IDD), Moderate; Other Specified Neurological Disorder associated with Failure to Thrive; Significantly Low Deficit in Socialization, Cognition, and Developmental Delay; and Attention Deficit Hyperactivity Disorder.</p> <p>Review on 9/15/25 of Former Staff#1 (FS #1)'s personnel record revealed: -Hire date: 10/5/23. -Termination Date: 9/8/25. -Position: Direct Support Professional.</p> <p>Review on 9/15/25 of internal facility incident reports revealed: -9/5/25, incident type: Inappropriate sexual behavior, "...received a phone call from client's guardian reporting inappropriate contact between FS#1 and Client #1 ..."</p> <p>Review on 9/15/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -Date of incident: 9/5/25, Level III for Emotional Abuse/Exploitation, "...[Client #1] and a staff member at the [Day Program] began</p> | V 367 | | |

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| V 367 | <p>Continued From page 10</p> <p>corresponding with one another through ...IPAD ...and ...[FS#1's] cell phone ... FS#1 introduced her to other men on face time ...and they asked her to take off her shirt and pants-she did ...During the course of texting ...[FS#1] had said he loved her and he wanted her to be his girlfriend."</p> <p>-Date the provider learned of incident: 9/5/25. -Date submitted: 9/10/25.</p> <p>Interviews on 9/15/25 and 9/16/25 with the Adult Services Director revealed: -Would ensure that the facility put in IRIS reports according to time frame moving forward.</p> | V 367 | | |