

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/15/2025
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NAME OF PROVIDER OR SUPPLIER LITTLE GERALD SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1918 EAST ROOSEVELT BOULEVARD, SUITE H MONROE, NC 28112
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{V 000}	INITIAL COMMENTS A complaint and follow up survey was completed on 08/15/2025. The complaint was substantiated (Intake #NC00232580). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1400 Day Treatment for children and adolescents with emotional or behavioral disturbances. This facility has a current census of 48. The survey sample consisted of audits of 1 former client.	{V 000}	Management staff has reviewed all incident reports from 05/01/2025 – 08/07/2025 to assess and ensure compliance with Level II requirements. For all future incidents, the following elements will be documented and uploaded into the IRIS system and the facility's internal records within 72 hours of being informed about the incident: <ul style="list-style-type: none"> • Health and safety needs addressed for all individuals involved. • Root cause analysis of the incident. • Corrective measures implemented within the required timeframe. • Preventive measures developed to reduce recurrence. • Assignment of responsible staff for implementation and follow-up. • Responsible party: QA/QI/Program Director with oversight by Operations Manager and Clinical Director. The LGS Incident Reporting and Management Policy has been revised to: Require that all Level II incidents include a written evaluation addressing health/safety, root cause, corrective/preventive measures, and staff accountability. Require documentation in IRIS and internal logs within 72 hours for initial report and corrective/preventive plan within 45 days. Noncompliance will result in progressive discipline for responsible staff. A Corrective Action Tracking Log has been created to document each Level II incident, assigned staff responsibilities, due dates, and completion status. The Program Director is accountable for ensuring corrective and preventive measures are implemented timely. The Operations Manager will review the log monthly to ensure compliance.	
{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 164; and (7) maintaining documentation regarding	{V 366}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Jashonda L.H.H. Gerald, 9/14/25

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SEP 17 2025
DHSR-MH Licensure Sect

Division of Health Service Regulation

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{V 366}	Continued From page 1 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 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	{V 366}		
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Division of Health Service Regulation

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{V 366}	<p>Continued From page 2</p> <p>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> </p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to implement written policies</p>	{V 366}		

Division of Health Service Regulation

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{V 366}	<p>Continued From page 3</p> <p>governing their response to Level II incidents. The findings are:</p> <p>Review on 08/07/2025 of the facility's incident reports from 05/01/2025 - 08/07/2025 revealed:</p> <p>05/21/2025- Client #6's verbal altercation with staff and self-injurious behaviors incident.</p> <p>05/28/2025- Former Client (FC) #21's physical assault by FC# 19 incident.</p> <p>07/02/2025- Client #7's absence without leave (AWOL) with law enforcement involvement incident.</p> <p>07/10/2025- Client #8's self-injurious behaviors with law enforcement and emergency medical services (EMS) involvement incident.</p> <p>07/16/2025- Client #9's physical assault on staff and clients' incident.</p> <p>07/17/2025- Client #9's physical assault on staff and clients' incident.</p> <p>07/18/2025- Client #9's physical assault on staff and clients' incident.</p> <p>07/25/2025- Client #10's AWOL and physical aggression towards staff with law enforcement involvement.</p> <p>07/29/2025- Client #11's automotive accident with law enforcement and EMS involvement.</p> <p>07/29/2025- Client #12's automotive accident with law enforcement and EMS involvement.</p> <p>07/29/2025- Client #13's automotive accident with law enforcement and EMS involvement.</p> <p>07/29/2025- Client #14's automotive accident with law enforcement and EMS involvement.</p> <p>07/29/2025- Client #15's automotive accident with law enforcement and EMS involvement.</p> <p>07/29/2025- Client #17's automotive accident with law enforcement and EMS involvement.</p> <p>07/30/2025- Client #11 stabbed Client #18 with a pencil incident.</p> <p>08/07/2025- Client #16's physical altercation incident.</p>	{V 366}		
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{V 366}	<p>Continued From page 4</p> <p>Reviews on 08/07/2025 and 08/15/2025 of the facility's records revealed: There was no documentation to support the evaluation of Client #6's incident dated 5/21/2025 and FC #21's incident dated 05/28/2025 for the following: -Attended to the health and safety needs of the individuals involved in the incident. -Determined the cause of the incident. -Developed and implemented corrective measures according to provider specified timeframes not to exceed 45 days. -Developed and implemented measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days. -Assigned persons to be responsible for implementation of the corrections and preventive measures.</p> <p>There was no documentation to support the evaluation of the remaining incidents from 07/02/2025 - 08/07/2025 for the following: -Attended to the health and safety needs of the individuals involved in the incident. -Determined the cause of the incident. -Assigned persons to be responsible for implementation of the corrections and preventive measures.</p> <p>Interview on 08/15/2025 with the Director revealed: -"I will have my supervisor include on our incident reporting a plan of correction of all levels of incidents."</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	{V 366}		

Division of Health Service Regulation

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{V 367}	Continued From page 5	{V 367}	Operations Director and Program Manager reviewed and made necessary updates to agency policies based on findings. The policy updates are as follows:	
{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> <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</p>	{V 367}	<p>All incidents that meet criteria for reporting (Level II and Level III) must be entered, saved, and submitted into the Incident Response and Improvement System (IRIS) within 72 hours of the provider becoming aware of the incident. Upon submission of incident report into IRIS, the CNDS ID must be logged on Incident Submission Tracking form. Additionally, any request by the LME/MCO for clarification, correction, or update to an IRIS report must be addressed promptly and documented in the system within 24 hours.</p> <p>Staff who observe, become aware of, or are notified of an incident must notify their supervisor immediately. Supervisor will immediately report incident to the Program Director.</p> <p>The Program Director is responsible for ensuring the incident is documented in IRIS within 72 hours of awareness.</p> <p>Reports submitted later than 72 hours will be considered a policy violation unless an approved, documented justification (e.g., system outage, natural disaster) is provided.</p> <p>QAQI/Program Manager is required to monitor submission times weekly to ensure compliance. This will be documented.</p>	

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{V 367}	Continued From page 6 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 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	{V 367}	When the LME/MCO requests additional information, clarification, or corrections to an IRIS entry, the responsible staff must complete the update within 24 hours of the request unless otherwise directed. A record of the update and communication with the LME/MCO must be maintained in the client's file. The QA/QI/Program Manager will audit IRIS entries monthly to verify timeliness and responsiveness. This will be documented. Staff who repeatedly fail to meet requirements will be subject to progressive disciplinary action, up to and including termination. First Occurrence: Coaching and mandatory retraining. Second Occurrence: Written warning placed in personnel file. Third Occurrence: Formal disciplinary action, up to suspension or termination. All staff will receive initial and annual training on incident reporting requirements, including the 72-hour rule and the importance of responding to LME/MCO requests. Refresher training will be required for any staff member found to be non-compliant.	
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{V 367}	<p>Continued From page 7</p> <p>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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II incidents in the Incident Response Improvement System (IRIS), failed to 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, and failed to submit to the LME/MCO upon request other information regarding the incident. The findings are:</p> <p>Review on 08/07/2025 of the facility's incident reports from 05/01/2025 - 08/07/2025 revealed: 05/21/2025- Client #6's verbal altercation with staff and self-injurious behaviors incident. 07/10/2025- Client #8's self-injurious behaviors with law enforcement and emergency medical services (EMS) involvement incident. 07/16/2025- Client #9's physical assault on staff and clients' incident. 07/17/2025- Client #9's physical assault on staff and clients' incident. 07/18/2025- Client #9's physical assault on staff and clients' incident. 07/25/2025- Client #10's AWOL and physical aggression towards staff with law enforcement involvement.</p>	{V 367}		

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{V 367}	<p>Continued From page 8</p> <p>07/29/2025- Client #11's automotive accident with law enforcement and EMS involvement. 07/29/2025- Client #12's automotive accident with law enforcement and EMS involvement. 07/29/2025- Client #13's automotive accident with law enforcement and EMS involvement. 07/29/2025- Client #14's automotive accident with law enforcement and EMS involvement. 07/29/2025- Client #15's automotive accident with law enforcement and EMS involvement. 07/29/2025- Client #17's automotive accident with law enforcement and EMS involvement. 07/30/2025- Client #11 stabbed Client #18 with a pencil incident. 08/07/2025- Client #16's physical altercation incident.</p> <p>Review on 08/07/2025 of IRIS from 05/01/2025 - 08/07/2025 revealed: -There were no IRIS reports or LME/MCO notifications submitted for the above identified incidents.</p> <p>Review on 08/07/2025 of an IRIS Report dated 07/02/2025 for Client #7 revealed: -The incident occurred on 07/02/2025. -The provider learned of the incident on 07/02/2025. -The report was submitted 07/09/2025. -Provider Comments dated 07/09/2025: "[Client #7] had run away from day treatment campus into the community. [Client #7] got into an argument with a peer that resulted in [Client #7] running away. Client ran toward a stranger's home and interacted with the person and took their garden tool. Client returned to day treatment campus with garden tool and went toward classroom door. Staff seen client using garden tool hitting the classroom door from outside. Staff directed client to drop the item in his hand. Staff cautiously went</p>	{V 367}		
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{V 367}	<p>Continued From page 9</p> <p>toward client using protective stance and client responded by dropping the garden tool. At the time, police arrived and talked with client. Police released client to day treatment staff to await for his social worker."</p> <p>-The IRIS report was submitted 7 days after the provider became aware of the incident and not within 72 hours as required.</p> <p>Review on 08/07/2025 of an IRIS Report dated 07/10/2025 for Client #8 revealed:</p> <p>-The incident occurred on 07/10/2025.</p> <p>-The provider learned of the incident on 07/02/2025.</p> <p>-The report was submitted 07/15/2025.</p> <p>-Provider Comments dated 07/15/2025: "Upon arrival to the therapist's office, the client's (Client #8) social worker was present to discuss an incident that had occurred in the client's foster home. During the interaction, the client shut down and refused to respond to any communication attempts from the social worker, therapist, or additional staff present. after the social worker departed the building, the client began engaging in self-harm by punching himself in the face and banging his head against the wall. Staff immediately intervened by contacting 911 and placing a pillow behind the client's head to minimize injury while continuing to attempt verbal de-escalation, though client did not respond to these efforts. [Local area] Police Department officers and EMT (Emergency Medical Treatment) personnel attempted to engage the client in dialogue, but he continued to refuse communication and escalated by placing his thumb in his mouth and attempting to bite it..."</p> <p>-LME/MCO comments dated 07/15/2025: "The resubmitted IRIS report has been reviewed by MCO staff. Provider, the CNDS ID is still not entered. Please remember to save and submit</p>	{V 367}		

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{V 367}	<p>Continued From page 10</p> <p>the report after the CNSDS ID is entered." -The IRIS report was submitted 5 days after the provider became aware of the incident and not within 72 hours as required. -The provider did not update the IRIS report at the request of the LME/MCO.</p> <p>Review on 08/07/2025 of an IRIS Report dated 07/24/2025 for Client #10 revealed: -The incident occurred on 07/24/2025. -The provider learned of the incident on 07/24/2025. -The report was submitted 07/24/2025. -LME/MCO Comments dated 07/27/2025: "This resubmitted IRIS report has been reviewed by MCO staff. Provider, please enter the CNDS ID, as it still is not showing. Once completed, remember to save and submit this report." -The provider did not update the IRIS report at the request of the LME/MCO.</p> <p>Review on 08/07/2025 of an IRIS Report dated 05/28/2025 for Former Client (FC) #20 revealed: -The incident occurred on 05/28/2025. -The provider learned of the incident on 05/28/2025. -The report was submitted 05/30/2025. -LME/MCO Comments dated 06/02/2025: "This updated IRIS has been reviewed by MCO staff. Please complete the following requests and upload requested documents. 1. CNDS ID is still missing. 2. Did consumer (FC #20) require/receive any medication attention? Specify his injuries as they appear extensive based on the diagram." -The provider did not update the IRIS report at the request of the LME/MCO.</p> <p>Interviews on 08/07/2025 and 08/15/2025 with the Director revealed:</p>	{V 367}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/15/2025	
NAME OF PROVIDER OR SUPPLIER LITTLE GERALD SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 1918 EAST ROOSEVELT BOULEVARD, SUITE H MONROE, NC 28112		
(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 367}	Continued From page 11 -Did not do IRIS reports for the 07/29/2025 incidents for 6 of the 7 clients involved in the automotive accident. -"I thought I could do one report and include all the clients included in the van." -"I implemented staff giving me the incidents (report) the same today, so I can access if it needs to be in IRIS." -"I will follow up with the person at the LME to ensure that update was received." This deficiency constitutes a recited deficiency and must be corrected within 30 days.	{V 367}		