

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL082-092</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/16/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>A CARING HEART INDEPENDENCE CENTER-C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 WEST ELIZABETH STREET CLINTON, NC 28328</b>
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(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 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on September 16, 2025. The complaint was unsubstantiated (intake #NC00233547). A deficiency was 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 8. The survey sample consisted of audits of 2 current client.</p>	V 000		
V 318	<p><b>130 .0102 HCPR - 24 Hour Reporting</b></p> <p><b>10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL</b> 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 to the Health Care Personnel Registry (HCPR) for 1 of 1 former staff (FS #2) within 24 hours. The findings are:</p>	V 318		

Division of Health Service Regulation  
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>Review on 09/16/25 of client #1's record revealed: - Admitted 02/08/24. - Diagnoses of Mild Intellectual Developmental Disability and Intermittent Explosive Disorder.</p> <p>Review on 09/16/25 of FS #2 record revealed: - Date of hire: 03/21/24. - Date of separation: 09/15/25.</p> <p>Review on 09/16/25 of an North Carolina Incident Response Improvement System (IRIS) report for client #1 revealed: - The Program Director was made aware of an allegation of abuse against staff #2 on 09/05/25. - The IRIS report was submitted to the HCPR on 09/09/25.</p> <p>Interview on 09/16/25 the Program Director stated: - She was made aware of an allegation against staff #2 on 09/04/25. - She had completed an IRIS report and thought she had submitted it on 09/05/25. - She became aware the IRIS was not submitted until 09/09/25. - She was aware the HCPR should be notified within 24 hour of an allegation of abuse. - She would ensure any allegations of abuse were submitted to HCPR within 24 hours.</p>	V 318		