

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-973</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/17/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TWINKLE-STAR HOME SERVICES LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1921 WATERS DRIVE RALEIGH, NC 27610</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on December 17, 2024. 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 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 366	<p><b>27G .0603 Incident Response Requirements</b></p> <p><b>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</b></p> <p>(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:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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</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</p>	V 366	<div style="border: 1px solid red; padding: 10px; width: fit-content; margin: 0 auto;"> <p>Received by <b>MHL &amp; C</b> 9/22/25</p> </div>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Yeoma Umelo</i>	TITLE Administrator	(X6) DATE 09/21/25
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V 366	<p>Continued From page 1</p> <p>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 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>	V 366		

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V 366	<p>Continued From page 2</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: Based on record review and interview, the facility failed to convene a meeting of internal review within 24 hours of a level II incidents and failed to issue a written preliminary finding of fact to the</p>	V 366	<p>The administrator will issue a written preliminary finding of fact is sent to the Local Management Entity/Managed Care Organization (LME/MCO) within five working days of the incident to ensure compliance.</p>	10/15/25

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V 366	<p>Continued From page 3</p> <p>Local Management Entity/Managed Care Organization (LME/MCO) within five working days of the incidents. The findings are:</p> <p>Review on 12/16/24 of client #2's Hospital Emergency Department records dated 11/18/24 revealed:</p> <ul style="list-style-type: none"> <li>- Self cutting of wrist</li> </ul> <p>Review on 12/13/24 of the facility records revealed:</p> <ul style="list-style-type: none"> <li>- Incident report dated 8/8/24: Former client (FC) #8 was involuntary commitment (IVC)</li> <li>- Incident report dated 9/23/24: FC #7 was IVC'd</li> <li>- No documentation of a meeting of internal review for the incidents concerning client #2, FC #7 or FC #8</li> <li>- No documentation of the written preliminary finding of fact the incidents concerning client #2, FC #7 or FC #8</li> </ul> <p>Attempted calls on 12/16/24 &amp; 12/17/24 with FC #7's guardian was unsuccessful because FC #7's guardian didn't return any calls.</p> <p>Attempted calls on 12/16/24 &amp; 12/17/24 with FC #8's guardian was unsuccessful because FC #7's guardian didn't return any calls.</p> <p>Interview on 12/17/24 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- There was no internal meeting for any of the level II incidents</li> <li>- She found out about the incidents weeks after they occurred</li> </ul> <p>Interview on 12/17/24 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- Was the QP's responsibility to coordinate the meetings of internal review</li> </ul>	V 366	<p>The administrator will ensure that incidents are reported to QP and guardians, and a proper incident report by the QP, and an internal review meeting and documentation within 24 hours of a level II incident to ensure compliance.</p>	10/15/25

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V 366	Continued From page 4  - Had an internal meeting for the incidents - The meeting included the QP & the clients' guardians - She didn't document the minutes for the meeting - Didn't think she needed to submit preliminary findings to the LME/MCO since she discharged the clients	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 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: (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	V 367		

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V 367	<p>Continued From page 5</p> <p>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 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> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>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> <p>This Rule is not met as evidenced by:                      Based on record review and interview, the facility failed to report all level II incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of the incident for 1 of 3 audited clients (#2) and 2 of 2 former clients (FC #7 &amp; #8). The findings are:</p> <p>A. Review on 12/12/24 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 5/5/22</li> <li>- Diagnoses of Mild Intellectual Developmental Disorder (IDD), Schizoaffective Disorder Bipolar Type, Chronic Kidney Disease, Chronic Kidney failure (stage 3), Hypercholesterolemia, Gastroesophageal Reflux Disease, Unspecified dementia without behavioral disturbance &amp; Vitamin D Deficiency</li> </ul>	V 367	<p>Administrator will ensure that level II incidents are reported to the QP and client's guardian and Incident Response Improvement System (IRIS) and the Entity/Manged Care Organization (LME/MCO) notified within 72hours by the QP to ensure compliance.</p>	10/15/25

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V 367	<p>Continued From page 7</p> <p>Review on 12/16/24 of client #2's Hospital Emergency Department records dated 11/18/24 revealed:</p> <ul style="list-style-type: none"> <li>- "[Client #2] is a 67 y.o. (year old) males comes to the emergency room today for superficial self cutting on the right wrist and forearm...There is no indication of deep space lacerations or injury to tendon/artery/nerve...We will place Dermabond on the wounds and discharge"</li> </ul> <p>Interview on 12/12/24 client #2 reported:</p> <ul style="list-style-type: none"> <li>- Cut himself on the wrist 4 weeks ago</li> <li>- Went to the hospital and he had his arm bandaged</li> </ul> <p>B. Review on 12/16/24 of FC #7's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 10/30/23 and discharged 9/24/24</li> <li>- Diagnoses of Mild IDD, Attention-Deficit/Hyperactivity Disorder, Bipolar Disorder with Psychotic Features &amp; Oppositional Defiant Disorder</li> </ul> <p>Review on 12/13/24 of the facility records revealed:</p> <ul style="list-style-type: none"> <li>- Incident report dated 9/23/24: "[FC #7] ganged up with another peer, [client's name], and threatened to beat up the staff. The staff was scared and ran outside the group home and called the administrator (Licensee)...He (FC #7) verbalized several times that the administrator better call the police to watch the house all night because he would put the house ablaze tonight. The Administrator called 911, and the police took him to [local hospital]..."</li> </ul> <p>Attempted review of police records on 12/16/24 but there wasn't a police report for FC #7 on</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>9/23/24</p> <p>Attempted review of hospital records on 12/16/24 but there wasn't a hospital record for FC #7 coinciding with the date of the incident report.</p> <p>Attempted calls on 12/16/24 &amp; 12/17/24 with FC #7's guardian was unsuccessful because FC #7's guardian didn't return any calls.</p> <p>C. Review on 12/16/24 of FC #8's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted 6/15/24 and discharged 8/8/24</li> <li>- Diagnoses of Moderate IDD, Posttraumatic Stress Disorder, Disruptive Mood Dysregulation, Hypertension, Constipation, Upper Respiratory Infection (COVID) &amp; Hyperlipidemia</li> </ul> <p>Review on 12/13/24 of the facility records revealed:</p> <ul style="list-style-type: none"> <li>- Incident report dated 8/8/24: "[FC #8] was admitted to [local hospital] due to acting out and threatening to kill himself and destroying things in the house if his peer did not provide his cell phone, which he traded for the peer's microphone.</li> </ul> <p>Review on 12/16/24 of FC #8's Hospital Emergency Department record dated 8/1/24 revealed:</p> <ul style="list-style-type: none"> <li>- "[FC #8] is a 31 y.o. male presents with suicidal ideations...On initial evaluation patient (FC #8)...does have abrasions on the left wrist which appear very superficial...abrasions on the forehead...will plan for psychiatric screening labs and behavior health consult"</li> </ul> <p>Attempted calls on 12/16/24 &amp; 12/17/24 with FC #8's guardian was unsuccessful because FC #8's guardian didn't return any calls.</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>Interview on 12/17/24 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- Was responsible for submitting the IRIS reports for level II incidents</li> <li>- Didn't submit the IRIS reports because she found out about the incidents weeks after they occurred</li> <li>- Spoke with staff and the Licensee about reporting incidents to her in timely manner</li> </ul> <p>Interviews on 12/12/24 &amp; 12/17/24 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- Client #2 would cut his wrist for attention</li> <li>- Client #2 had a cutting incident in November (2024)</li> <li>- Client #2 cut his wrist and he received treatment at the hospital</li> <li>- FC #7 threatened to burn down the facility on 9/23/24</li> <li>- She called 911 and FC #7 was escorted to the hospital</li> <li>- Don't know why there was no record for the incident at the hospital or police records</li> <li>- FC #8 went to the hospital on 8/1/24 because he wasn't getting along with another client in the facility</li> <li>- FC #8 destroyed thing in the facility and banged his head on objects</li> <li>- Didn't recall FC #8 cutting himself, but FC # 8 was admitted into the hospital for suicidal ideations</li> <li>- The QP was responsible for submitting the IRIS reports for level II incidents</li> <li>- She informed the QP and the clients' guardians about the incidents as soon as they were taken to the hospital</li> </ul>	V 367		

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V 513	Continued From page 10	V 513		
V 513	<p>27E .0101 Client Rights - Least Restrictive Alternative</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <p>(1) using the least restrictive and most appropriate settings and methods;</p> <p>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and</p> <p>(4) sharing of control over decisions with the client/legally responsible person and staff.</p> <p>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to use the least restrictive and most appropriate method. The findings are:</p> <p>Observation at 12:47pm on 12/12/24 revealed:</p> <ul style="list-style-type: none"> <li>- The kitchen refrigerator had hasps on the upper and lower doors</li> <li>- Two pad locks were laying on the kitchen</li> </ul>	V 513	Administrator will ensure that there are no locks on the refridgerator to ensure compliance.	10/15/25

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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 513	<p>Continued From page 11</p> <p>counter beside the refrigerator</p> <p>Attempted interview on 12/12/24 with client #1 was unsuccessful because client #1 was nonverbal.</p> <p>Interview on 12/12/24 client #2 reported:</p> <ul style="list-style-type: none"> <li>- Staff kept the refrigerator open until 9pm</li> <li>- The refrigerator was locked so no one can go in at night</li> </ul> <p>Interview on 12/12/24 client #3 reported:</p> <ul style="list-style-type: none"> <li>- The refrigerator was locked at night</li> <li>- Didn't know why the refrigerator was locked</li> </ul> <p>Interview on 12/12/24 client #4 reported:</p> <ul style="list-style-type: none"> <li>- The refrigerator was kept locked at nights so clients couldn't take food</li> <li>- Couldn't recall any clients stealing food out of the refrigerator</li> </ul> <p>Interview on 12/12/24 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Started working in the facility in October (2024)</li> <li>- Kept refrigerator and the freezer locked at night</li> <li>- The former staff instructed her to keep the refrigerator locked because a former client would steal food</li> <li>- None of the clients in the facility stole food</li> </ul> <p>Interview on 12/17/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- Visited the facility monthly</li> <li>- Never saw locks on the refrigerator</li> <li>- Didn't recall any issues with clients stealing food</li> <li>- No one reported the refrigerator being locked</li> </ul> <p>Interview on 12/17/24 the Licensee reported:</p>	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-973</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/17/2024</b>
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V 513	<p>Continued From page 12</p> <ul style="list-style-type: none"> <li>- Knew the refrigerator was locked</li> <li>- Instructed staff to lock the refrigerator at night because she wanted to protect the clients belongings</li> <li>- Clients purchased food items and stored it in the refrigerator</li> <li>- Kept the refrigerator locked because clients stole the other clients' food</li> <li>- The last time a client stole another clients' food it almost started a fight</li> <li>- She had to replace the clients' items that were stolen</li> <li>- Didn't lock the refrigerator during the day because "everyone is right here"</li> <li>- The clients agreed for her to lock the refrigerator</li> <li>- Didn't have any documentation of clients and guardians agreeing to lock the refrigerator</li> <li>- Was unaware the locked refrigerator was a restriction</li> </ul>	V 513		