STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-352	A. BUILDING: _____ B. WING _____	R 09/08/2025

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NEW BRIDGE	2442 SANDHURST COURT GASTONIA, NC 28054

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V 000	INITIAL COMMENTS An annual, complaint and follow-up survey was completed on 09/08/2025. The complaint was unsubstantiated (Intake #NC00232436). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children Or Adolescents. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the	V 114		

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V 114	Continued From page 1	V 114		

facility failed to ensure fire and disaster drills were conducted quarterly and repeated on each shift. The findings are:

Reviews on 08/26/2025 and 08/28/2025 of the facility's fire and disaster drills log from 10/01/2024 - 08/25/2025 revealed:
-No second shift (3 pm-12 midnight (mid)) or third shift (12 mid-8 am) fire drills for the first quarter.
-No first shift (8 am-3 pm), second shift (3 pm-12 mid), or third shift (12 mid-8 am) disaster drills for the first quarter.
-No third shift (12 mid-8 am) disaster drills for the second quarter.
-No third shift (12 mid-8 am) fire and disaster drills for the third quarter.

Interview on 08/28/2025 with Client #1 revealed:
-Practiced fire and disaster drills.
-Go to the mailbox for fire drills and get against the wall for tornado drills.

Interview on 08/28/2025 with Client #2 revealed:
-Go outside to the sidewalk for fire drills.
-"We (clients) get in the hallway, close doors and put our head down."

Interview on 09/03/2025 with Staff #1 revealed:
-Completed fire and disaster drills 4 times each month; twice on the morning and day shift.

Interview on 08/28/2025 with Staff #2 revealed:
-Facility shifts were first shift (8 am-3 pm), second shift (3 pm-12 mid), and third shift (12 mid- 8 am).
-Completed fire and disaster drills.

Interview on 09/03/2025 with the Qualified Professional (QP) revealed:
-"I think they are monthly (fire and disaster drills). They are always done when I am not present."

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V 114	Continued From page 2 -"I do know they have disclosed location to go to if there is fire drills and they have a safe place to go if there is tornado drill." Interviews on 08/26/2025 and 09/03/2025 with the Licensee revealed: -"I was unaware that some drills were not done. I will do a staff meeting to address." -"Myself and the QP will double check (to ensure fire and disaster drills are completed)."	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118		

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V 118	Continued From page 3 (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure MARs were kept current affecting 1 of 1 Client (#1). The findings are: Reviews on 08/26/2025 and 09/03/2025 of Client #1's record revealed: -Admission date of 06/19/2024. -Diagnosed with Conduct Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), and Disruptive Mood Dysregulation (DMD). -Physician orders dated 08/06/2025; -Qelbree 200 milligrams (mg) (ADHD)- Take 1 capsule by mouth in the morning. -Lamotrigine 100 mg (PTSD)- Take 1 tablet (tab) by mouth every 12 hours (am). -Lamotrigine 100 mg (PTSD)- Take 1 tab by mouth every 12 hours (bedtime). Reviews on 08/26/2025 and 09/03/2025 of Client #1's MARs from 06/01/2025-08/25/2025 revealed: -The list below are medication doses with no staff initials for administration: -06/16/2025 (am); Qelbree 200 mg. -06/16/2025 (am); Lamotrigine 100 mg. -07/01/2025 (pm); Lamotrigine 100 mg. -07/04/2025 (pm); Lamotrigine 100 mg.	V 118		

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V 118	Continued From page 4 -07/30/2025 (am); Lamotrigine 100 mg. -There was a total of 5 medication doses without staff initials for administration on Client #1's MARs from 06/01/2025 - 07/30/2025. Interview on 08/26/2025 with Staff #2 revealed: -"[Licensee] monitors the MARs." Interview on 09/03/2025 with the Qualified Professional (QP) revealed: - Was responsible for making sure the MARs were up to date. -"All I know is that if [Licensee] or somebody catches it (medication doses without staff initials for administration). It is corrected immediately." -Failed to identify medication doses without staff initials for administration for Client #1's MARs from 06/01/2025 - 07/30/2025. Interviews on 08/26/2025 and 09/03/2025 with the Licensee revealed: -"That may have been a staff hick up, where they did not sign off." - "I think it was just an overlook with staff trying to get them (clients) out." -"I will make that staff double check and complete the MAR." -"Staff who administer the meds (medications) will make sure it is documented in the book." -The QP will also ensure the MARs are documented accurately. -Failed to identify medication doses without staff initials for administration for Client #1's MARs from 06/01/2025 - 07/30/2025. Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.	V 118		

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V 366	Continued From page 5	V 366		
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 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	V 366		

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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 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

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V 366	Continued From page 7 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to Level II incidents. The findings are: Reviews on 08/28/2025 and 09/03/2025 of the facility's incident reports from 02/23/2025 - 08/25/2025 revealed: -02/23/2025; Former Client (FC) #6's verbal aggression and elopement with police involvement incident. -04/08/2025; FC #5's suicidal ideation and hospitalization incident. -05/14/2025; Client #2's verbal/physical aggression, local police and EMS (Emergency	V 366		

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V 366	Continued From page 8 Medical Services) involvement incident. Reviews on 08/28/2025 and 09/03/2025 of the facility's records revealed: The Risk Cause Analysis for the above incidents were missing the following components: -Developed/implemented corrective measures. -Developed/implemented measures to prevent similar incidents. -Assigned persons to be responsible for implementation of the corrections and preventive measures. Interview on 09/08/2025 with the Licensee revealed: -"We will make sure that it (Risk Cause Analysis) is included in the incident report." This deficiency constitutes a recited deficiency and must be corrected within 30 days.	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	V 367		

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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 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

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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.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to submit to the Local Management Entity (LME)/Managed Care Organization (MCO) upon request other information regarding the incident. The findings are:

Reviews on 08/28/2025 and 09/03/2025 of the

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facility's incident reports from 02/23/2025 - 08/25/2025 revealed:
-02/23/2025; Former Client (FC) #6's verbal aggression and elopement with police involvement incident.
-05/14/2025; Client #2's verbal/physical aggression, local police and EMS (Emergency Medical Services) involvement incident.

Review on 08/28/2025 of IRIS from 02/23/2025 - 08/25/2025 revealed:
-There incidents identified above were submitted in IRIS.

Reviews on 08/28/2025 and 09/03/2025 of an IRIS Report dated 02/23/2025 for FC #6 revealed:
-The incident occurred on 02/23/2025.
-The provider learned of the incident on 02/23/2025.
-The report was submitted 02/24/2025.
-LME/MCO Comments dated 02/24/2025: "This IRIS report has been reviewed by MCO staff. There is information (info) missing, that needs clarification and/or that requires further explanation. Please see below for the info that needs to be completed. Once completed, please save and resubmit this IRIS report. Please re-submit within 5 days of the date of this notification. 1. Enter Tailored Plan Client Record Number, Medicaid ID # and CNDS ID. 2. Complete 'Supervisor Actions' tab."
-The facility did not update the IRIS report at the request of the LME/MCO.

Reviews on 08/28/2025 and 09/03/2025 of an IRIS Report dated 05/14/2025 for Client #2 revealed:
-The incident occurred on 05/14/2025.
-The provider learned of the incident on

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V 367	Continued From page 12 05/14/2025. -The report was submitted 05/15/2025. -LME/MCO comments dated 05/16/2025: "This IRIS report has been reviewed by MCO staff. There is information (info) missing, that needs clarification and/or that requires further explanation. Please see below for the info that needs to be completed. Once completed, please save and resubmit this IRIS report. Please re-submit within 5 days of the date of this notification. 1. Enter Tailored Plan Client Record Number, Medicaid ID # and CNDS ID." -The facility did not update the IRIS report at the request of the LME/MCO. Interview on 09/08/2025 with the Qualified Professional revealed: -"I am not responsible for entering information in IRIS but I am aware of how to do it." Interview on 09/08/2025 with the Licensee revealed: -"We are going to enter the information to the best of our ability and provide all information that they (LME/MCO) request." This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 367		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the	V 752		

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V 752	Continued From page 13 water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to maintain the facility hot water temperature between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are: Observation of the facility on 08/26/2025 at approximately 1:31 pm revealed : -The kitchen sink's hot water temperature was 130 degrees Fahrenheit. Interview on 08/28/2025 with Client #1 revealed: -Had not been burned by the water. Interview on 08/28/2025 with Client #2 revealed: -Had not been burned by the water. Interview on 08/28/2025 with Client #3 revealed: -Had not been burned by the water. Interview on 08/28/2025 with Client #4 revealed: -Had not been burned by the water. Interview on 09/03/2025 with Staff #1 revealed: -Clients nor facility staff were burned by the water. -"If I am not mistaken we adjusted that (hot water temperature) too." Interviews on 08/26/2025 and 09/03/2025 with Staff #2 revealed: -Did not realize the water temperature in the kitchen sink was over 116 degrees Fahrenheit. -Clients were able to adjust the water temperature.	V 752		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-352	A. BUILDING: _____ B. WING _____	R 09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BRIDGE	2442 SANDHURST COURT GASTONIA, NC 28054

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V 752	Continued From page 14 -Clients nor facility staff were burned by the water. -"I never put it (hot water) fully on hot to know that (temperature was over 116 degrees Fahrenheit)." Interview on 09/03/2025 with the Qualified Professional revealed: -Did not realize the water temperature in the kitchen sink was over 116 degrees Fahrenheit. -"No, not to my knowledge (there were no reports of clients or staff being burned by the hot water)." Interview on 08/26/2025 with the Licensee revealed: -Did not realize the water temperature in the kitchen sink was over 116 degrees Fahrenheit. -Clients were able to adjust their own water. -"We used to have a water temperature log but stopped tracking temperature on a log about a year ago." -"130 (degrees Fahrenheit) is way too high." -"My landlord has to come out every season to adjust it (hot water)." -Would contact the landlord and have the hot water temperature adjusted today (8/26/2025). Review on 08/26/2025 of the Plan of Protection (POP) dated 08/26/2025 written and signed by the Licensee revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? -Landlord was contacted after speaking to (Division of Health Service Regulations Surveyor) surveyer & will be coming to adjust the water temperature. Consumers will not be able to use the kitchen sink until water temperature has been adjusted according to the rule. Consumers will not able to access the kitchen sink. Describe your plans to make sure the above	V 752		

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V 752	Continued From page 15	V 752		

happens.
-Staff will continue to monitor consumers to ensure that genuine will not use the kitchen sink. Kitchen chores are suspended immediately & will remain suspended until the water temperature is adjusted according to the rule."

Review on 08/26/2025 POP Addendum #1 dated 08/26/2025 written and signed by the Licensee revealed:
"What immediate action will the facility take to ensure the safety of the consumers in your care? - ...will be coming to adjust the water temperature today, 08/26/2026z ..."

Review on 08/26/2025 POP Addendum #2 dated 08/26/2025 written and signed by the Licensee revealed:
"What immediate action will the facility take to ensure the safety of the consumers in your care? - ...08/26/2025 at 5 pm ... Consumers will not be able to use the kitchen sink until water temperature reaches between 100F-116F per [10A NCAC 27G .0304 (b)].
Describe your plans to make sure the above happens.
Staff will continue to monitor consumers to ensure that consumers will not use the kitchen sink. Kitchen chores are suspended immediately & will remain suspended until the water temperature is adjusted between 100F-116F per [10A NCAC 27G .0304 (b)]."

The facility served clients who were between 11 and 17 years old and diagnosed with Conduct Disorder, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, and Disruptive Mood Dysregulation. On 8/26/25, the kitchen sink's water temperature was 130 degrees Fahrenheit. The facility did not identify that the

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V 752	Continued From page 16 water temperature at the kitchen sink was above the allowed range of 100-116 degrees Fahrenheit, which resulted in the clients' exposure to hot water of 130 degrees Fahrenheit. This deficiency constitutes a Type A2 rule violation rule violation for substantial risk of serious Harm and must be corrected within 23 days.	V 752		