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	MHL0601528	A. BUILDING: _____ B. WING _____	09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE HOUSE	2722 CATALINA AVENUE CHARLOTTE, NC 28206

(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	INITIAL COMMENTS An annual and complaint survey was completed on 9/16/25. The complaint was unsubstantiated (intake #NC00232722). 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 has a current census of 4. The survey sample consisted of audits of 4 current clients and 1 former client.	V 000		
V 297	27G .1705 Residential Tx. Child/Adol - Req. for L P 10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS (a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor. (b) The consultation specified in Paragraph (a) of this Rule shall include: (1) clinical supervision of the qualified professional specified in Rule .1702 of this Section; (2) individual, group or family therapy services; or (3) involvement in child or adolescent specific treatment plans or overall program issues.	V 297		

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V 297	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews, the Licensed Professional (LP) failed to provide clinical supervision of the Qualified Professional (QP). The findings are: Review on 9/9/25 of the LP's record revealed: -Hired 4/24/24. -Job description signed and dated 4/23/24. -Duties did not include supervising the QP. Review on 9/9/25 of the QP's record revealed: -Hired 2/4/25. -Job description signed and dated 2/4/25. -No documentation of supervision by the LP. Interview on 9/8/25 with the QP revealed: -She was supervised monthly by the LP. Interview on 9/10/25 with the LP revealed: -She did not provide supervision to the QP. -Was not aware she was responsible for the QP's supervision. -"No one has spoken to me about supervising the QP." Further interview on 9/15/25 with the QP revealed: -The LP was the "designated LP" for the facility. -The LP "works under [Clinical Supervisor]..." -"...we (QP, LP, Clinical Supervisor) collaborate weekly...and as needed; we don't document (meetings)..." -There was no supervision plan for the LP to supervise the QP. -Going forward the Clinical Supervisor would "create a document" for "more formalized	V 297		

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V 297	Continued From page 2 supervision on a monthly basis." Attempted interview on 9/15/25 with the Clinical Supervisor was unsuccessful because there was no callback by the survey exit date. Interview on 9/15/25 with the Owner/Licensee revealed: -The LP was the primary LP for the facility. -The LP worked under a Clinical Supervisor. -There was no supervision plan and no documentation of the LP or the Clinical supervisor supervising the QP.	V 297		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all	V 364		

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V 364	Continued From page 3	V 364		

times keeps the right to:
(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;
(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;
(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;
(4) Make visits outside the custody of the facility unless:
a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;
b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or
c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;
A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;
(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;
(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;
(7) Participate in religious worship;

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V 364	Continued From page 4 (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and (10) Have access to individual storage space for his private use. (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if	V 364		

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there is a client advocate.
The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.
(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:
(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;
(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;
(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;
(4) Receive special education and vocational training in accordance with federal and State law;
(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;
(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;
(7) Participate in religious worship;
(8) Have access to individual storage space for the safekeeping of personal belongings;
(9) Have access to and spend a reasonable sum of his own money; and
(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.
(e) No right enumerated in subsections (b) or (d)

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V 364	Continued From page 6 of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure client rights to privacy in a 24 hour facility affecting 4 of 4 clients (#1, #2, #3,	V 364		

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V 364	Continued From page 7 and #4) and 1 of 1 former client (FC #5). The findings are: Review on 9/10/25 of client #1's record revealed: -Age 15 years. -Admitted on 9/8/25. -Day Support Plan dated 8/26/25. -Diagnoses: Posttraumatic Stress Disorder (PTSD); Major Depressive Disorder (MDD); Conduct Disorder; Opioid Use Disorder; Cannabis Dependence Review on 9/10/25 of client #2's record revealed: -Age 16 years. -Admitted on 4/7/25. -Day Support Plan dated 7/26/25. -Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD), Predominately Inattentive Presentation Review on 9/11/25 of client #3's record revealed: -Age 11 years. -Admitted on 7/30/25. -Day Support Plan dated 8/27/25. -Diagnoses: Conduct Disorder, Unspecified; ADHD, Predominately Inattentive Type; PTSD, Unspecified. Review on 9/11/25 of client #4's record revealed: -Age 15 years. -Admitted on 7/9/25. -Day Support Plan dated 8/27/25. -Diagnoses: Oppositional Defiant Disorder; ADHD, Predominately Inattentive Presentation. Review on 9/10/25 of Former client #5's record revealed: -Age 16 years. -Admitted on 4/1/25. -Day Support Plan dated 7/22/25.	V 364		

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V 364	Continued From page 8 -Emergency discharge on 7/24/25.-Diagnoses: PTSD (Complex); Conduct Disorder-Childhood Onset; ADHD-Combined Type; Autism Spectrum Disorder-Level 1 Without language impairment, Without Intellectual Disability; Neurobehaviorable Disorder Associated With Parental Alcohol Exposure; Generalized Anxiety Disorder; MDD; Allergic Rhinitis, Sulfa. Interview on 9/8/25 with client #2 revealed: -Client phone calls were monitored. -"Staff stand at the door (client bedroom) ...or by the door" and "listened to calls." -"We're (clients) not allowed to have private calls unless it's the Social Worker (SW) or [Executive Director (ED)]." -Calls with the SW and the ED were "not placed on speaker" but "others (calls) are on speaker." -Client #2 explained that the reason calls are monitored is because "they (facility) don't want us (clients) to get triggered" and if a client becomes "triggered in a call, the staff can engage and calm them (client) down." Interview on 9/8/25 with client #4 revealed: -"We (clients) use the phone with staff sitting beside us; it's (call) on speaker with all calls ..." -"[Client #2] calls his mother, but it is on speaker." Attempts on 9/11/25 and 9/15/25 to interview FC #5 with Department of Social Services Social Worker (DSS SW) assistance were unsuccessful due to hospitalization and tranport to out of state placement. Interview on 9/15/25 with FC #5's DSS SW revealed: -Was aware that phone calls were monitored by the facility. -Staff were with clients on calls to answer	V 364		

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questions and talk to legal guardians.
-Staff was always in the room with FC #5 during calls and staff was present for face time calls.

Interview on 9/10/25 with staff #2 revealed:
-"I have them (clients) in the living room where I can hear their whole conversation, while other clients are in the living room watching TV (television) or they might be in their rooms (bedrooms)."
-Phone calls are put on speaker, "so we (staff) can be able to hear if they (clients) are saying anything wrong or out the way, or so you (staff) can hear if the conversation is going wrong or getting triggering."

Interview on 9/10/25 with the ED revealed:
-Client phone calls were monitored, "Staff are in their (clients) rooms (bedrooms), calls are on speaker, staff stands in the doorway and their (clients) mood is documented ..."
-"Calls are monitored in case a child (client) has a family member that affects their behavior or mood and if the client is getting upset, we can end the call."

Interview 9/16/25 with the Associate Professional revealed:
-Phone calls are monitored by staff and "we (staff) dial the numbers for them (clients); we'll just be in the room with them ...they have the phone on speaker."
-The facility monitored client phone calls "to make sure that calls don't go left or they (clients) are trigger by the conversation. We (staff) make sure they (clients) are not planning to escape and it prevents behaviors, and it's for their (client) safety."

Interview on 9/15/25 with the Qualified

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V 364	Continued From page 10 Professional revealed: -"Client calls are monitored ...takes place where clients are calling approved people and typically that call is made on speaker with staff ..." -Staff and clients "may go outside together or in the client's room (bedroom)" and the call is monitored "to ensure that the call doesn't go left." -Calls made from clients' approved list may "not be a healthy conversation, and staff needs to be able to intervene and redirect as needed" Interview on 9/10/25 with the Licensed Professional revealed: -" ... that's their (facility) procedure, phone calls are monitored for their (clients) safety, to make sure that they are safe, not at risk or anything, or putting themselves in danger." Interview on 9/15/25 with Owner/Licensee revealed: -Client phone calls were monitored because "we have had issues in the past of parents not having healthy conversations and after the call the client began experiencing behaviors and we adjusted to make sure calls are positive and if we had to jump in (on the call) we could ..." -Was not aware that clients phone calls could not be monitored by staff. -The ED was made aware and informed her of the phone call privacy rule. -The Owner clarified, "The phone (client calls) can no longer be monitored, correct?"	V 364		
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	Continued From page 11 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 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;	V 367		

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V 367	Continued From page 12 (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	Continued From page 13 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility to report all level II incidents in the Incident Response Improvement System (IRIS) and failed to notify the Local Management Entity/Managed Care Organization (LME/MCO) of level II and III incidents within 72 hours of becoming aware of the incident as required. The findings are: Review on 9/10/25 and 9/12/25 of Former client #5's (FC #5) record revealed: -Age 16 years. -Admitted on 4/1/25. -Day Support Plan dated 7/22/25. -Emergency discharge on 7/24/25. -Diagnoses: Post Traumatic Stress Disorder (Complex); Conduct Disorder-Childhood Onset; Attention Deficit Hyperactivity Disorder-Combined Type; Autism Spectrum Disorder-Level 1 Without language impairment, Without Intellectual Disability; Neurobehaviorable Disorder Associated With Parental Alcohol Exposure; Generalized Anxiety Disorder; Major Depressive Disorder; Allergic Rhinitis, Sulfa. -Comprehensive Clinical Assessment (CCA) dated 7/24/25 -"Current Behaviors: ...Again, on 6/27/25, he (FC #5) expressed suicidal thoughts and left the facility, prompting law enforcement intervention. On 7/4/25, he threatened staff with and object and exited the facility...On 7/12/25, [FC #5] expressed a desire to leave the home (facility), leading to another police intervention and hospitalization. After returning (to the facility on 7/12/25), he attempted to hang himself and required further hospitalization...Given the	V 367		

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	MHL0601528	A. BUILDING: _____ B. WING _____	09/16/2025

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ongoing severity of [FC #5]'s sexually inappropriate, aggressive, manipulative and self-injurious behaviors, the current Level III group home is no longer suitable to meet his needs...Therefore, a transition to a Level IV Psychiatric Residential Treatment Facility (PRTF) is recommended..."
-On 7/24/2025, due to ongoing conflict with another peer in the facility, the treatment team determined it was in [FC #5] ' s best interest to transfer him to another facility. [FC #5] was moved to The Village House III to ensure his safety and to support his continued treatment needs.

Review on 9/8/25 of the Facility's Internal Incident reports from 6/1/25 to 9/8/24 revealed:
-The Facility reported as Level I the following incidents that should have been reported in IRIS as Level II or III incidents:
-6/27/25 6:17pm "[FC #5] came from the hospital and already was uneasy, stating he still had suicidal thoughts he expressed how he didn't want to come (to facility), [Client #2] made him feel uncomfortable he packed up and left. [Executive Director (ED)] was called and the police."
-6/27/25 10:27pm "[FC #5] returned home (facility) from the hospital after running away earlier today. He stated he's still suicidal and not staying at TVH (The Village House) and left the house (facility) again. Is attempting suicide outside (facility). Cops (local law enforcement) are here (at facility)."
-7/4/25 4:00pm "client [FC #5] was being disrespectful to staff. Coming in the house (facility) with an 2x4 wood acting like he is going to hit staff (#4) with it."
-7/12/25 4:05pm "the client (FC #5) trying to hang himself in the backyard behind the house

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(facility). The staff talk to the client and calm him down. Took the client to the hospital to get seen." -7/18/25 "The kids (clients) were at the [local recreation center] and [client #2] tried to go in the shower with [FC #5]. [Client #4] pulled him (client #2) back. [FC #5] told him (client #2) no. [Client #2] also attempted the same thing with [client #4]. (Staff #4) Separated kids in the locker room (local recreation center)."
-7/21/25 4:00pm "...Once arrive to the house (facility) he (FC #5) refused to get searched staff had to ask him repeatedly to get searched it's required staff directed him to go to his room he refused to and grabbed the house and demanded staff to call his social worker or he's running away staff called the social worker number [FC #5] then left a message stating that he has been rapped and help him he is being molested and demanded help now...(FC #5) walked out the door while staff was talking to the other client and demanded staff to give him [Executive Director (ED)]'s address so he(FC #5) can go to his (ED) house and kill and take his (ED)whole family out...He (FC #5) then ran to the other client (#2) room door and kicked it open and attacked the other client (#2). Fighting and biting him (#2). Staff broke it (fight) up and call the police and the medic [FC #5] then told the police that the client (#2) rapped him in his sleep last night (7/20/25) at 3am in the morning and he (client #2) came in his (FC #5) room. And said the other client (#2) molested him (FC #5) and rapped him in the [local recreation center] and grabbed his (FC #5) [penis] and slapped him on the [buttocks] while he pulled the shower curtain back at the [local recreation center]. The medics took him to the hospital to get evaluated and checked while staff follow behind."

Review on 9/12/25 of FC #5's Child and Family

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V 367	Continued From page 16 Team (CFT) meeting notes dated 5/30/25 to 7/22/25 revealed: -6/27/25 Expressed suicidal ideations and left the home without permission; police intervention was required. -7/4/25 Threatened staff with a 2x4 piece of wood and later absconded from the facility, stating he would not return. 7/6/25 Consumer still dealing with the death of his grandmother. Once the shift change occurred, consumer ran out the front door (facility). Staff maintained line of sight. Once staff lost line of sight, staff contacted the police. -7/10/25 Left the facility without permission due to emotional distress and conflict with staff; law enforcement was contacted. -7/12/25 (AM): Verbally stated intent to run away and followed through on two separate AWOL (away without leave) incidents in one day (7/12/25), resulting in police involvement; requested hospitalization. -7/12/25 (PM): Attempted to hang himself in the backyard; staff intervened and he was transported for emergency psychiatric evaluation. -7/21/25 Engaged in severely aggressive behaviors, including making physical threats, attempting to assault a peer by punching a window, and sustaining a hand injury that required emergency medical attention. -7/21/25 The day after his suicide attempt (7/13/25), [FC #5] ' s behavior escalated to severe physical aggression, including assaulting a peer and staff, property destruction, and making sexually inappropriate accusations, resulting in hospitalization for reopened stitches. Due to his ongoing danger to self and others, persistent aggression, and failure to respond to interventions, an Involuntary Commitment (IVC) was filed on July 21, 2025, for immediate psychiatric stabilization in a secure setting.	V 367		

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V 367	Continued From page 17 -7/22/25 (Emergency CFT) Discharge Planning-Ayden ' s behavior during this period reflects a critical need for a higher level of care. He presents ongoing risks to safety, demonstrates minimal engagement in treatment, and requires intensive psychiatric and behavioral interventions beyond what can be safely and effectively provided at the current level of care. Review on 9/8/25 of the North Carolina Incident Response Improvement System (IRIS) from 6/1/25 through 9/8/24 revealed: -No documentation an incident report was completed for former client #5 for the following incidents: -6/27/25, Suicidal ideation and AWOL with police intervention; -7/4/25, Threatened staff #4 with a 2x4 piece of wood; -7/12/25, Attempted to hang himself in the backyard of the facility; -7/13/25, "severe physical aggression, including assaulting a peer and staff, property destruction and making sexually inapropriate accusations, resulting in hospitalization;" -AWOLs on 7/6/25 -7/21/24 FC #5 made allegation of inappropriate sexual behavior toward him by client #2 (7/18/25 and 7/20/25). Interview on 9/16/25 with the Associate Professional revealed: -FC #5 and client #2 had a history of not getting along. -FC #5 and client #2 "...both were making inappropriate comments to each other; making sexually inappropriate comments, jokes, and language that was inappropriate and they were not getting along..." -FC #5 had reported to hospital staff "the	V 367		

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allegation that client #2 touched him inappropriately, but he admitted to staff (unknown)the he lied about it (allegation)..."
-Had learned of FC #5's allegation about inappropriate sexual behavior by client #2 "about a month ago...he's been in and out of the hospital so I don't remember the time frame of when it was reported."
-Did not hear, see, nor was she aware of "anything inappropriate going on sexually between the two of them (FC #5 and client #2)."

Interview on 9/10/25 and 9/12/25 with the ED revealed:
-FC #5 never reported allegation about inappropriate sexual behavior by client #2 to the facilty.
-Learned of FC #5's allegation about inappropriate sexual behavior by client #2 from the hospital.
-FC #5 made "to the medics and the police came back that night (7/21/25) and asked us (facility), said that the client (FC #5) made the allegation at the hospital; we (facility) did let the social worker know what the police told us as well. We didn't to an investigation because he never reported it to us, it was reported at the hospital."
-FC #5's allegation about inappropriate sexual behavior by client #2 was address in the 7/22/25 CFT meeting.
-Had spoken with clients #2 and #4 after FC #5's allegations on 7/21/25 of sexual inappropriate behavior by client #2.
-Client #2, "said he never rapped him (FC #5) and said he's (FC #5) making that stuff up."
-Client #4, "and he said [client #2] didn't pull the curtain (shower) back, he just brushed it (shower curtain) and [FC #5] had clothes on; asked [client #4] if anything inappropriate had happened to him and he said no."

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V 367	Continued From page 19 -The ED had maintained contact with FC #5 who was in the hospital awaiting out of state placement. -The ED and QP spoke with FC #5 "on this past Saturday (9/6/25), he said he lied" about the 7/18/25 and 7/20/25 allegation of inappropriate sexual behavior by client #2, "because he didn't like the way [client #2] was treating staff." -Had not heard nor seen sexual inappropriate behaviors between FC #5 and client #2 or any other clients. -Qualified Professional (QP) was responsible for IRIS submissions. Interview on 9/15/25 with the QP revealed: -She was responsible for submitting reports in IRIS. -Thought she had submitted reports in IRIS for all incidents. -Was primary person responsible for determining incident report level. Interview on 9/15/25 with the Owner/Licensee revealed: -I was not made aware and the facility had not investigated FC #5's allegation about inappropriate sexual behavior by client #2. -FC #5 called QP and ED, "apologizing that he lied...last week when we heard of the allegation he made that client #2 touched him inappropriately; that was a week ago and just after that he was IVCed. He didn't say why he lied..." -Would ensure that incidents are reported in the required time frame.	V 367		
V 503	27D .0103 Client Rights - Search And Seizure Policy	V 503		

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V 503	Continued From page 20 10A NCAC 27D .0103 SEARCH AND SEIZURE POLICY (a) Each client shall be free from unwarranted invasion of privacy. (b) The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client. (c) Every search or seizure shall be documented. Documentation shall include: (1) scope of search; (2) reason for search; (3) procedures followed in the search; (4) a description of any property seized; and (5) an account of the disposition of seized property. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure every search or seizure was documented as required. The findings are: Review on 9/10/25 of client #1's record revealed: -Age 15 years. -Admitted on 9/8/25. -Day Support Plan dated 8/26/25. -No documented justification in the client #1's treatment plan for daily searches in the facility. -Diagnoses: Posttraumatic Stress Disorder (PTSD); Major Depressive Disorder (MDD); Conduct Disorder; Opioid Use Disorder; Cannabis Dependence Review on 9/10/25 of client #2's record revealed: -Age 16 years. -Admitted on 4/7/25.	V 503		

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V 503	Continued From page 21 -Day Support Plan dated 7/26/25. -No documented justification in the client #2's treatment plan for daily searches in the facility. -Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD), Predominately Inattentive Presentation Review on 9/11/25 of client #3's record revealed: -Age 11 years. -Admitted on 7/30/25. -Day Support Plan dated 8/27/25. -No documented justification in the client #3's treatment plan for daily searches in the facility. -Diagnoses: Conduct Disorder, Unspecified; ADHD, Predominately Inattentive Type; PTSD, Unspecified. Review on 9/11/25 of client #4's record revealed: -Age 15 years. -Admitted on 7/9/25. -Day Support Plan dated 8/27/25. -No documented justification in the client #4's treatment plan for daily searches in the facility. -Diagnoses: Oppositional Defiant Disorder; ADHD, Predominately Inattentive Presentation. Review on 9/10/25 of Former client (FC) #5's record revealed: --Age 16 years. -Admitted on 4/1/25. -Day Support Plan dated 7/22/25. -Emergency discharge on 7/24/25. -No documented justification in the FC #5's treatment plan for daily searches in the facility. -Diagnoses: PTSD (Complex); Conduct Disorder-Childhood Onset; ADHD-Combined Type; Autism Spectrum Disorder-Level 1 Without language impairment, Without Intellectual Disability; Neurobehaviorable Disorder Associated With Parental Alcohol Exposure;	V 503		

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V 503	Continued From page 22 Generalized Anxiety Disorder; MDD; Allergic Rhinitis, Sulfa. Review on 9/12/25 of the facility's records revealed: -No documentation of the facility's daily searches of clients #1, #2, #3, #4 and FC #5. Interview on 9/10/25 with staff #2 revealed: -"Clients are searched, I make sure of that; I use a wand and I search to see if they (clients) have anything metal or sharp on them; I tell them empty pockets; I do a light pat down, light touch to make sure they don't have anything sharp on them." Interview on 9/12/25 with the Executive Director revealed: -"Searches are done daily" and are not documented by the facility. -Was not aware documentation was required for the facility's daily searches. -"...they (clients) are searched daily to ensure that they are not bringing in contraband." Interview on 9/16/25 with the Associate Professional revealed: -"Client are searched daily coming in from outside the facility; we (staff) search for contraband and we have wands (for search)." Interview on 9/15/25 with the Owner/Licensee revealed: -"Clients are checked coming home (facility) from school; they (clients) remove sneakers, staff checks pockets; staff doesn't physically touch the client and one staff is observing (the search)." -Staff had not been documenting daily searches. -Staff documented searches when contraband is retrieved from clients.	V 503		

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V 503	Continued From page 23 -Treatment plans would be updated to include justification of daily client searches and the facility would start documenting all searches.	V 503		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on review and interview, the facility was not maintained in an orderly manner. The findings are: Review on 9/9/25 of the facility revealed: -missing sink stopper in the ensuite bathroom used by client #1 and #4. -missing sink stopper in the hall bathroom used by clients #2 and #3. -missing cover to the toilet seat in ensuite bathroom used by clients #1 and #4. Interview on 9/9/25 with Executive Director revealed: -He was not aware of the missing stoppers in the clients' bathrooms. -Clients had likely removed the stoppers. -Was not aware the toilet seat cover had been removed from clients #1's and #4's bathroom. -"I will get those items replaced."	V 736		