

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-408</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/24/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LIFE CHALLENGES OF THE CAROLINAS LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1017 VANCOUVER LANE</b> <b>GASTONIA, NC 28052</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow-up survey was completed on 09/24/2025. The complaint was unsubstantiated (Intake #NC00233426). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability.</p> <p>This facility is licensed for 4 and currently has a census of 1. The survey sample consisted of audits of 1 current client and 1 former client.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(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.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure fire and disaster drills were</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 114	<p>Continued From page 1</p> <p>conducted quarterly and repeated on each shift. The findings are:</p> <p>Review on 09/24/2025 of the facility's fire and disaster drills log from 07/14/2025 - 09/22/2025 revealed:</p> <ul style="list-style-type: none"> <li>-There was no first shift (7 am-3 pm), second shift (3 pm-11 pm), or third shift (11 pm- 7 am) disaster drills for the first quarter.</li> </ul> <p>Interview on 09/24/2025 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>-"From my understanding it was corrected, because we did the sheets (disaster drill)."</li> <li>-"So, I am not sure why it was not completed (disaster drills). Because with CARF it has to be every quarter every shift too."</li> <li>-"We will make sure that disaster drills are done every quarter every shift moving forward."</li> </ul> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 114		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</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> <ol style="list-style-type: none"> <li>(1) attending to the health and safety needs of individuals involved in the incident;</li> <li>(2) determining the cause of the incident;</li> <li>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</li> <li>(4) developing and implementing measures</li> </ol>	V 366		

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V 366	<p>Continued From page 2</p> <p>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 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</p>	V 366		

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V 366	<p>Continued From page 3</p> <p>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> <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>	V 366		

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V 366	<p>Continued From page 4</p> <p>(F) any other authorities required by law.</p> <p>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:</p> <p>Review on 09/23/2025 of the facility's incident reports from 07/14/2025 - 09/22/2025 revealed: -There was no incident report for Former Client #2's physical altercation with Staff #1 incident dated 07/17/2025.</p> <p>Review on 09/23/2025 of Incident Response Improvement System (IRIS) from 07/14/2025 - 09/22/2025 revealed: -There was no IRIS report submitted for the incident identified above.</p> <p>Reviews on 09/23/2025 and 09/24/2025 of the facility's records revealed: The above incident was not evaluated for the following Risk Cause Analysis components: -Attended to the health and safety needs of individuals involved in the incident. -Determined the cause of the incident. -Developed/implemented corrective measures. -Developed/implemented measures to prevent similar incidents. -Assigned a person to be responsible for implementation of the corrections and preventive measures. -Adhered to confidentiality requirements.</p>	V 366		

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V 366	Continued From page 5  -Maintained documentation regarding the above subparagraphs.  Interview on 09/25/2025 with the Licensee revealed: -"We are going to start doing a house investigation to determine what happened (at the time of an incident) and we will document the incident."  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 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	V 367		

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V 367	<p>Continued From page 6</p> <p>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 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</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <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) and 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. The findings are:</p> <p>Review on 09/23/2025 of the facility's incident reports from 07/14/2025 - 09/22/2025 revealed: -There was no incident report for Former Client #2's physical altercation with Staff #1 incident dated 07/17/2025.</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>Review on 09/23/2025 of IRIS from 07/14/2025 - 09/22/2025 revealed: -There was no IRIS report or LME/MCO notification submitted for the incident identified above.</p> <p>Interview on 09/24/2025 with the Licensee revealed: -"I will make sure that I see submission at the end of the IRIS report. I thought I did it because it said successfully submitted and I got the number (Submission of Incident Number)." -"When I spoke to [LME/MCO], they said they did not see an incident with the client name." -Would ensure complete submissions of IRIS reports moving forward.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 367		