

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DESIGN DESTINATION YOUTH AND FAMILY NI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 CHESTER CIRCLE FAYETTEVILLE, NC 28303</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on September 11, 2025. The complaint was unsubstantiated (intake #NC00233439). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol> <p>(b) When services are provided prior to the establishment and implementation of the</p>	V 111		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

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V 111	<p>Continued From page 1</p> <p>treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an assessment was completed for two of three clients (#1, #3) prior to the delivery of services. The findings are:</p> <p>Review on 9/10/25 of client #1's record revealed: -Date of Admission: 11/26/24. -Diagnoses: Post Traumatic Stress Disorder, Chronic. - No evidence that an admission assessment was completed prior to the delivery of services to include: presenting problems, needs, strengths, strategies or pertinent social, family and medical history.</p> <p>Review on 9/10/25 of client #3's record revealed: -Date of Admission: 11/7/24. -Diagnoses: Attention Deficit Hyperactivity Disorder and Disruptive Mood Dysregulation Disorder. -No evidence that an admission assessment was completed prior to delivery of services to include: presenting problems, needs, strengths, strategies or pertinent social, family and medical history.</p>	V 111		

Division of Health Service Regulation

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V 111	Continued From page 2  Interview on 9/10/25 the Owner/Qualified Professional stated: -She was responsible to complete admission assessments. -"I know I typed them (admission assessments) up, I think I may have placed them in a box somewhere." -She would ensure that all clients had an admission assessment prior to the delivery of services.	V 111		
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	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>drug. (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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to keep the MAR current for one of three clients (#3). The findings are:</p> <p>Review on 9/10/25 of client #3's record revealed: -Date of admission: 11/7/24. -Diagnoses of Attention deficit hyperactivity disorder (ADHD) and Disruptive Mood Dysregulation Disorder (DMDD). -Physician's orders dated: -4/2/25 Sertraline 100 milligrams (mg) (DMDD)-Take one tablet daily. -5/27/25 Clonidine 0.2 mg (ADHD)-Take one tablet at bedtime. -5/22/25 Desmopressin Acetate 0.2 mg (Bedwetting)-Take one half tablet every morning and one and one half tablets at bedtime. -7/30/25 Quetiapine Fumarate 25 mg (Insomnia)-Take one tablet at 6 am and 4 pm.</p> <p>Review on 9/10/25 of client #3's MARs from July 1 2025-September 10, 2025 revealed: No staff initials to indicate medication was administered for the following: -Desmopressin on 8/12/25-8/31/25 and 9/9/25 (8 pm doses). -Clonidine on 9/9/25.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <p>-Quetiapine Fumarate on 9/9/25 (4 pm dose). -Sertraline on 9/8/25.</p> <p>Interview on 9/10/25 client #3 stated: -She took her medication daily. -"I take 4 pills in the morning, 1 in the afternoon and 4 at night." -She had not missed any of her medications.</p> <p>Interview on 9/11/25 staff #1 stated: -"I was not aware of any blanks on the MARs". -"A blank would mean the medicine was given (administered) but the staff forgot to initial."</p> <p>Interview on 9/10/25 staff #2 stated: -A blank on the MAR would indicate that staff "forgot" to initial the MARs but the client received their medication. -"I forgot to sign for [client #3's] Desmopressin but she did take it."</p> <p>Interview on 9/11/25 the Associate Professional stated: -He was one of the staff that checked the MARs for errors. -He checked the MARs "every three days." -"The blank means that someone was moving too fast and did not sign it, if the client refused there should have been a note on the back."</p> <p>Interview on 9/11/25 the Owner/Qualified Professional stated: -She was responsible for checking the MARs for errors. -She checked the MARs "every 2 to 3 days." -"If there is a blank on the MAR then the staff must have forgot to initial but the clients were administered their medication. " -She would make sure staff initialed the MARs after the medication was administered.</p>	V 118		

Division of Health Service Regulation

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V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain drug regimen reviews every six months for two of three audited clients (#1, #3) who received psychotropic drugs. The findings are:</p> <p>Finding #1 Review on 9/10/25 of client #1's record revealed: -Date of Admission: 11/26/24. -Diagnoses: Post Traumatic Stress Disorder(PTSD). -Physician's orders dated: -7/30/25 Hydroxyzine 25 milligram (mg) (PTSD) and Sertraline 50 mg (PTSD). -8/5/25 Guanfacine 2 mg (PTSD) -There was no documentation of a drug regimen review completed within the last six months.</p>	V 121		
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Division of Health Service Regulation

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V 121	<p>Continued From page 6</p> <p>Finding #2 Review on 9/10/25 of client #3's record revealed: -Date of Admission: 11/7/24. -Diagnoses: Attention Deficit Hyperactivity Disorder (AHDH) and Disruptive Mood Dysregulation Disorder (DMDD). -Physician's orders dated: -4/2/25 Sertraline 100 mg (DMDD). -5/27/25 Clonidine 0.2 mg (ADHD). -7/30/25 Quetiapine Fumarate 25 mg (Insomnia) and Guanfacine 4 mg (ADHD). -8/8/25 Atomoxetine 60 mg (ADHD). -There was no documentation of a drug regimen review completed within the last six months.</p> <p>Interview on 9/10/25 the Owner/QP stated: -She was "not aware" of the required six month drug regimen review. -She would ensure that all clients who received a psychotropic drug have a drug regimen review every six months.</p>	V 121		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If</p>	V 133		

Division of Health Service Regulation

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V 133	Continued From page 7  the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 8</p> <p>the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> <li>(3) The age of the person at the time of the conviction.</li> <li>(4) The circumstances surrounding the commission of the crime, if known.</li> <li>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</li> <li>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</li> <li>(7) The subsequent commission by the person of a relevant offense.</li> </ol> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider.</p>	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 9</p> <p>If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19,</p>	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 10</p> <p>False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a</p>	V 133		

Division of Health Service Regulation

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V 133	<p>Continued From page 11</p> <p>criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting one of five audited staff (#1). The findings are:</p> <p>Review on 9/11/25 of staff #1's personnel record revealed: -Hire date: 5/1/24. -No documented criminal background check requested within five business days of making the conditional offer of employment.</p> <p>Interview on 9/11/24 the Owner/Qualified Professional stated: -She was responsible for the criminal history record check requests for staff#1. -She acknowledged the criminal history record check request was not completed for staff #1. -"I will take that, I will do better next time."</p>	V 133		
V 297	<p>27G .1705 Residential Tx. Child/Adol - Req. for L P</p> <p>10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS</p>	V 297		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DESIGN DESTINATION YOUTH AND FAMILY NI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 CHESTER CIRCLE FAYETTEVILLE, NC 28303</b>
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V 297	<p>Continued From page 12</p> <p>(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.</p> <p>(b) The consultation specified in Paragraph (a) of this Rule shall include:</p> <p>(1) clinical supervision of the qualified professional specified in Rule .1702 of this Section;</p> <p>(2) individual, group or family therapy services; or</p> <p>(3) involvement in child or adolescent specific treatment plans or overall program issues.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure face to face clinical consultation was provided in the facility at least four hours a week by a Licensed Professional (LP). The findings are:</p> <p>Review of the LP's record on 9/11/25 revealed: -Date of hire: 3/15/25. -Job title: Licensed Professional.</p> <p>Review on 9/10/25 of client #1's record revealed: -11 years old. -Date of admission: 11/26/24. -Diagnoses: Post Traumatic Stress Disorder.</p>	V 297		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2025</b>
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V 297	<p>Continued From page 13</p> <p>Interview on 9/10/25 client #1 stated: -The LP came to the facility every two weeks for therapy.</p> <p>Review on 9/10/25 of client #2's record revealed: -12 years old. -Date of admission: 4/7/25. -Diagnoses: Disruptive Mood Dysregulation Disorder, Unspecified Anxiety Disorder and Attention Deficit Hyperactivity Disorder (ADHD).</p> <p>Interview on 9/10/25 client #2 stated: -The LP came to the facility every other week</p> <p>Review on 9/10/25 of client #3's record revealed: -15 years old. -Date of admission: 11/7/24. -Diagnoses: ADHD and DMDD.</p> <p>Interview on 9/10/25 client #3 stated: -The LP came to the facility twice a week for "about two hours" for individual and group therapy.</p> <p>Record review on 9/11/25 of the facility's records from July 1, 2025-September 10, 2025 revealed: -The LP had conducted face to face clinical consultation every other week from July 1, 2025-August 30, 2025 with all clients at the facility. -The LP had not conducted any face to face clinical consultations from September 1-September 10, 2025 with any clients.</p> <p>Interview on 9/10/25 staff #1 stated: -"She (LP) comes here every other weekend and during the week for therapy sessions with the clients." -"When she comes on the weekends she comes for about 3 hours, maybe a little longer."</p>	V 297		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2025</b>
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V 297	<p>Continued From page 14</p> <p>Interview on 9/10/25 staff #2 stated: -"She (LP) usually comes once a week to do therapy with each client."</p> <p>Interview on 9/11/25 the Associate Professional stated: -"She (LP) rotates virtual one week and in person the next week."</p> <p>Interview on 9/11/25 the LP stated: -She worked at the facility since March 2025. -She was "in the facility once a week or every other week for 4-5 hours a week." -She did face to face meetings in the facility every other week. -She did not have any therapy sessions for the month of September as of yet.</p> <p>Interview on 9/10/25 the Owner/Qualified Professional stated: -"[The LP] does virtual appointments every week and every two weeks in person visits." -She would ensure that the LP had at least 4 hours of face to face clinical consultation at the facility.</p>	V 297		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>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;</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2025</b>
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V 366	<p>Continued From page 15</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 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</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2025</b>
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V 366	<p>Continued From page 16</p> <p>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> <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</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2025</b>
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V 366	<p>Continued From page 17</p> <p>provider; (D) the Department; (E) the client's legal guardian, as applicable; and (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 ensure Level I incident reports were completed for any medication errors for one of three audited clients (#3). The findings are:</p> <p>Review on 9/10/25 of facility records from July 1, 2025 through September 10, 2025 revealed no incident reports generated for medications not administered as ordered or medication errors for client #3.</p> <p>Review on 9/10/25 of client #3's record revealed: -Date of Admission: 11/7/24. -Diagnoses: Attention Deficit Hyperactivity Disorder and Disruptive Mood Dysregulation Disorder. -Physician's orders dated 7/30/25: Quetiapine 150 milligram (mg) (Insomnia) - Take one tablet by mouth every night.</p> <p>Review on 04/23/25 of client #3's September 2025 Medication Administration Record (MAR) revealed: -Quetiapine "Medication not available by pharmacy" for a total of 8 doses.</p> <p>Interview on 9/10/25 the Qualified Professional</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2025</b>
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V 366	Continued From page 18  stated: -She was responsible for incident reports. -She had contacted the pharmacy daily but did not document it. -She had not completed incident reports for client #3's missed medications. -She would ensure incident reports were completed as required.	V 366		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2025</b>
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V 536	<p>Continued From page 19</p> <p>annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2025</b>
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V 536	<p>Continued From page 20</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2025</b>
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V 536	<p>Continued From page 21</p> <p>instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure one of five audited staff (#1) received annual training in alternatives to restrictive interventions. The findings are:</p> <p> </p> <p>Review on 9/11/25 of staff #1's personnel record revealed: -Date of Hire: 5/1/24. -Job Title: Paraprofessional.</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2025</b>
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V 536	<p>Continued From page 22</p> <p>-Non-Violent Crisis Intervention (NCI) + (Prevention, Defensive &amp; Restrictive) training expired 6/7/25. -No current training in alternatives to restrictive interventions.</p> <p>During interview on 9/11/25 staff #1 stated: -She had worked at the facility since last year, 2024. -She had not taken the NCI training this year, 2025.</p> <p>During interview on 9/11/25 the Director/Qualified Professional stated: -She was responsible to schedule NCI training for all staff. -She would ensure that staff #1 received the alternatives to restrictive intervention training.</p>	V 536		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest &amp; ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2025</b>
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V 537	<p>Continued From page 23</p> <p>and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> <li>(1) refresher information on alternatives to the use of restrictive interventions;</li> <li>(2) guidelines on when to intervene (understanding imminent danger to self and others);</li> <li>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</li> <li>(4) strategies for the safe implementation of restrictive interventions;</li> <li>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</li> </ol>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2025</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 537	<p>Continued From page 24</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-993</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2025</b>
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V 537	<p>Continued From page 25</p> <p>of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or</p>	V 537		

Division of Health Service Regulation

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V 537	<p>Continued From page 26</p> <p>train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure one of five audited staff (#1) received annual training in seclusion, physical restraint and isolation time-out. The findings are:</p> <p>Review on 9/11/25 of staff #1's personnel record stated: -Date of Hire: 5/1/24. -Job Title: Paraprofessional. -Non-Violent Crisis Intervention (NCI) + (Prevention, Defensive &amp; Restrictive) training expired 6/7/25. -No current training in seclusion, physical restraint and isolation time-out.</p> <p>During interview on 9/11/25 staff #1 stated: -She had worked at the facility since last year, 2024. -She had not taken the NCI training this year, 2025.</p> <p>During interview on 9/11/25 the Director/Qualified Professional stated: -She was responsible to schedule NCI training for staff. -The facility used restrictive interventions. -She would ensure that staff #1 received training in seclusion, physical restraint and isolation time-out.</p>	V 537		

Division of Health Service Regulation

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