STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL059-063	A. BUILDING: _____ B. WING _____	C 09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POSSIBILITIES	81 SOUTH MAIN STREET MARION, NC 28752

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V 367	Continued From page 5 Review on 9/10/25 of Former Staff #1 (FS #1)'s personnel record revealed: -Hire Date: 9/19/24. -Term Date: 8/8/25. -Position: Paraprofessional. Interview on 9/10/25 with FS #1 revealed: -FC #2 fell while at the day program and re-broke his arm. He was sitting in a barber type chair and had his feet tucked underneath the bar. -When FC #2 saw FS #1, he got excited, stood up, and fell, re-injuring his arm. -Administered first aid until local EMS arrived and took him to the hospital. Review on 9/9/25 and 9/10/25 of the facility's incident reports revealed: -Date: 4/28/25. -Description: "Member fell from seated position and struck his head and right arm ...in obvious distress and discomfort ...EMS called member transported to hospital for evaluation and treatment." -Level: I. Review on 9/9/25 of North Carolina Incident Response Improvement System (IRIS) revealed: -No incident report uploaded to IRIS system related to the 4/28/25 incident at the day program. Interview on 9/10/25 with the Chief Executive Officer revealed: -Have had a change in staffing recently. -Would be following up with staff regarding incident reporting.	V 367	V 367 Provider will ensure that all incident reports are generated and submited in accordance with the specified guidelines. Provider will provide applicable incident reporting training for all employees involved ineachmembersdailycare. Provider will ensure that all reportable incidents are entered into the IRIS system in adherence to the established guidelines. Provider will designate appropriate responsible personnel to ensure incident reports are submited in accordance with established guidelines. Incidents occuring at the Day Program - Day Program Director will be responsible for submission of any incident reports to CCHC main office within the established guidelines. Incidents resulting in Crisis team response - Crisis team lead/director will be responsible for submission of any incident reports to CCHC main office within the established guidelines. Incidents occuring in the AFL home setting - Members AFL will be responsible Director will be responsible for submission of any incident reports to CCHC main office within the established guidelines. Upon receiving submitited incident report, the designated CCHC administrative assistant will enter the incident into IRIS, if required by the established reporting guidelines. All incidents will be kept on file by the provider at the business office for future reference or review.	09/22/2025

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V 367	Continued From page 4 catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report all level II incidents to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of the incident. The findings are: Review on 9/9/25 and 9/10 of FC #2's record revealed: -Admission Date: 1/1/22. -Discharge Date: 8/10/25. -Diagnoses: Intellectual Developmental Disability, Moderate; and Impulse Disorder, Unspecified.	V 367		

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V 367	Continued From page 3 (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion 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	V 367		

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V 112	Continued From page 2 without his harness required for transportation. -FC #2 had significant behaviors which was why a harness was needed during transportation. Interview on 9/10/25 with FS #1 revealed: -Transported FC #2 to respite care without his harness, "It slipped my mind." -FC #2's guardian observed him with FC #2 in July 2025 without it and another staff member brought it out to him. The overnight staff still had FC#2's harness. -He transported FC #2 twice without his harness during the time he worked with him. -Did not report any issues with FC #2 during those transports.	V 112	V112 FC #2 no longer receives services or support from the provider. Services ended on 08/10/2025 FS#1 no longer is employed by the provider Employmentterminated 08/08/2025 In the future provider will ensure staff adhere to all guidelines specified in each member' sISP. When working with members who have special accommodation or equipment listed in their ISP, provider will ensure. 1. Facility will ensure all staff members are properly trained in the application and use of any specialty equipment specific to their assigned member. 2. Staff members will utilize any/all equipment in the manner as outlined in each members ISP. 3. Staff members will immediately report any issues or incidents to facility administration that have occurred that prevented the use of the specified equipment. 4. Any deviation from members approved ISP or failure to use equipment as specified in members ISP will be properly documented. Immediate notifcation will be made to members LRP and Care manager to notify them of the deviation from the members ISP. 5. Any applicable incident reports resulting from the missuse or failure to use equipment will be recorded and submited as required by the applicable guidelines.Immediate notifcation will be made to members LRP and Care manager to notify them of the incident. * See attached provider generated training checklist for new hire employees *	9/22/2025
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;	V 367		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the treatment plan was implemented for 1 of 2 audited clients, Former Client #2, (FC#2). Review on 9/9/25 and 9/10 of FC #2's record revealed: -Admission Date: 1/1/22. -Discharge Date: 8/10/25. -Diagnoses: Intellectual Developmental Disability, Moderate; and Impulse Disorder, Unspecified. -Individualized Service Plan (ISP) dated, 12/10/24, revealed: -"[FC #2] was recently discharged from the hospital ...due to a behavioral crisis resulting in a vehicle accident ...(he) jerked the wheel of the car and said he was going to kill everyone in the vehicle." -Plan update: "[FC #2] will now require Restraint Seat Belts in the car..." Review on 9/10/25 of Former Staff #1 (FS #1)'s personnel record revealed: -Hire Date: 9/19/24. -Term Date: 8/8/25. -Position: Paraprofessional. Interview on 9/10/25 with FC #2's guardian revealed: -FC #2 showed up to respite with a staff member	V 112		

Division of Health Service Regulation

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V 000	INITIAL COMMENTS A complaint survey was completed on September 10, 2025. The complaint was substantiated (NC#00233197). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups. This facility has a current census of 61. The survey sample consisted of audits of 1 current client and 1 former client.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		