

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/26/2025
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NAME OF PROVIDER OR SUPPLIER STEVIE'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 16 6TH EM STREET MARION, NC 28752
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 9/26/25. The complaint was unsubstantiated (# NC00233198). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of an audit of 1 of 1 former clients.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. 	V 110		

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

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V 110	<p>Continued From page 1</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 2 of 2 former paraprofessional staff (Former Staff (FS) #3, Former Residential Coordinator (FRC)) failed to demonstrate the knowledge, skills, and abilities required for the population served. The findings are:</p> <p>Review on 9/25/25 of Former Client (FC) #1's record revealed: Date of admission: 6/15/23 Diagnoses: Mild Intellectual Developmental Disability, Autistic Disorder, Bipolar, Intermittent Explosive Disorder, Attention Deficit Hyperactivity Disorder, Type II Diabetes Mellitus, Hypertension, Oppositional Defiant Disorder, Disruptive Mood Dysregulation Disorder, Persistent Disinhibited Social Engagement Disorder. Date of discharge: 8/17/25</p> <p>Review on 9/25/25 of FS #3's record revealed: -Date of hire: 9/19/24. -Date of separation: 8/11/25.</p> <p>Review on 9/25/25 of FRC's record revealed: -Date of hire: 11/27/18. -Date of separation: 8/11/25.</p> <p>Review on 9/25/25 of North Carolina Incident</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>Response Improvement System (IRIS) report dated 8/4/25 regarding incident with FC #1 on 8/3/25 revealed: -"Member (FC #1) became escalated assaulted staff and ingested peers meds. Staff tried to de-escalate member but aggression continued and member destroyed property by breaking glass, throwing dressers, and destroying his personal items. Member couldn't deescalate and was transported to ER (emergency room)." -Additional information added 8/14/25: "a. We will look back and see what the member took from the other member. b. Member did not have any adverse reactions to the meds. c. Member got access to other members meds because the staff (FS #3) working with the member took a phone call in the middle of med distribution and walked away enough that member could grab all of it. The staff member that was on staff at the time is no longer employed with our company. d. Member was taken to (local) ER. Member was discharged from the hospital. Member is back at home. Will update further as we get more info on meds taken."</p> <p>Review on 9/25/25 of ER report dated 8/3/25 revealed: "...25 year old male with past medical history significant for autism spectrum disorder, intellectual disability, intermittent explosive disorder brought in by EMS (emergency medical services) for behavioral outburst at group home. Per report, the patient reportedly destroyed his room as well as took another patient's medications. The patient tells me he is here today because he is hearing voices, those voices told him to take someone else's medications in an attempt to harm himself. No reported fever, chest pains, difficulty breathing, abdominal pain, vomiting, diarrhea.</p>	V 110		

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V 110	<p>Continued From page 3</p> <p>Additional medications taken: -Clonazepam 2mg -Lacosamide 200mg -Melatonin 3mg -Pantoprazole DR 40mg -Quetiapine 50mg MDM/ED (medical decision making/emergency department) course: This pleasant 25 year old male sent from facility for reported intentional self harm by taking another residents medications as noted above. On my evaluation the patient is tachycardic but otherwise nontoxic, afebrile, hemodynamically stable without any other specific signs or symptoms of any acute clinical toxidromes. Labs ...demonstrates no significant leukocytosis, electrolyte abnormalities or obvious coingestants. On chart review, it appears patient baseline runs tachycardic with numerous heart rates documented in the 110s to 120s from previous visits. At this time feel patient is medically stable for behavioral health evaluation."</p> <p>Interview on 9/25/25 with Client #2 revealed: -Took his medication every day. -"Staff hand me the packet and I put the pills in my mouth (and swallow) without water." -"Haven't seen meds on the counter."</p> <p>Interview on 9/25/25 with FC #1 revealed: -[FS #3] worked that night ...I was having a bad day in general ...hearing voices ...medication was left on the counter and I took both (FC #1 and Client #2's) med packs, put them in my pocket, went to my room and took them ...Just mine and [Client #2]'s med packs were on the counter ... [FS #3] was sitting on the couch on his phone when I took the packs ...I snuck both packs of meds in my room ...[FRC] came over ...I destroyed my room when he told me he was</p>	V 110		

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V 110	<p>Continued From page 4</p> <p>calling EMS ..."</p> <p>Interview on 9/26/25 with Staff #1 revealed: -When he administered medications, "open boxes, get the packets out give [Client #3] his first then give [Client #2] his pack cause he likes to take them himself ...Open packets ... [Client #2] dumps in his mouth from packet ...pour packet into [FC #1]'s hand ...watch them take pills ... [Client #2] doesn't drink liquid ...[Client #3] would cheek them, have to watch him ...[FC #1] has had a past history of overdose, have to watch him too ..." -Was trained to administer one client at a time.</p> <p>Interview on 9/26/25 with Staff #2 revealed: -MARs and meds locked in tackle box in locked cabinet inside laundry room. -The pharmacy packed small dispill packs ...had client names on them ...prn were not in packs. -"Never put med pack on counter to have clients take ...I open the packet and give them to [Client #2] ...[FC #1] would take them himself ...put the pills in his hands ..." -"Was told [FC #1] would get into the meds and needed to keep a close eye on him when administering ..." -"I know how we've been trained and how important to follow regimen for medications ...Important to guard and protect the medications ...its very dangerous ...we were all trained the same way ..."</p> <p>Attempted interview on 9/25/25 with FS #3 but did not receive a return call.</p> <p>Interview on 9/25/25 with the FRC revealed: -Had been the residential coordinator with the Licensee and was responsible for responding to crises.</p>	V 110		

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V 110	<p>Continued From page 5</p> <p>-On 8/3/25, "[FC #1] was confrontational but not aggressive ...he shoved the staff out of the way and grabbed [Client #2]'s pill pack and took it back to his room ...staff called me as soon as it happened and I went over there ...[FC #1] got aggressive when I told him he'd have to go to the ER (emergency room) ...EMS took him ...stayed in the ER for a few days refusing discharge ..."</p> <p>-"Doctor said the only side effect was that 'he'd be just a little tired'."</p> <p>-"[FC #1] told me 'I just don't want to be here (at the facility)' as his way to get out of the house ...behaviors had increased a month or so before (this incident)."</p> <p>-Was transported to Resource Center on 8/7/25 by Compliance and Licensing Coordinator (CLC) and stayed until 8/10/25.</p> <p>-Director from the Resource Center called to request FC #1 be picked up. "[FC #1] de-escalated almost immediately."</p> <p>Interview on 9/25/25 with the CLC revealed:</p> <p>-Had transported FC #1 to the Resource Center from the hospital. "I didn't know completely what happened to land him in the hospital in the first place."</p> <p>-The FRC texted on 8/10/25 at 6:13pm and "asked me to pick up [FC #1] from the Resource Center tomorrow morning. He texted back at 8:15pm to please pick him (FC #1) up tonight."</p> <p>-"[FRC] and I both run crisis calls ...I didn't think anything about it."</p> <p>-FC #1 was supposed to stay for 2 weeks but was only there 3-4 days.</p> <p>Interview on 9/26/25 with the Qualified Professional (QP) revealed:</p> <p>-Had been the QP for the facility since the end of July 2025.</p> <p>-"[FRC] never shared that information (incident</p>	V 110		

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V 110	<p>Continued From page 6</p> <p>regarding FC #1 taking Client #2's medications) with me ...didn't know anything about the incident until weeks after ...[FRC] kept all this information to himself ...he (FRC) completed the incident report and put my name on it."</p> <p>-It was at a meeting around 8/18/25 with FC #1's care coordinator and someone from the Resource Center, "when I found out more about the pill incident ...I was never called or told about it ..."</p> <p>-"[FC #1]'s guardian would not talk with me, only talk to the care coordinator"</p> <p>-"I was getting a lot of false information ...[FRC] was handling this ...he (FRC) was taking care of all this ...several incidents going on with [FC #1] ...there was no plan in place with transition to new placement ...no supports because nothing was known ...I don't know directly ...only found out after the fact ..."</p> <p>-"[Chief Executive Officer] (CEO) thought [FRC] was communicating with me."</p> <p>-The nurse retrained staff in medication administration.</p> <p>Interview on 9/26/25 with the CEO revealed:</p> <p>-"[FC #1]'s guardian told him he was going to have a new placement but didn't know when/where ... [FC #1] was impatient not knowing and began his behaviors ...taken to the ER then to respite facility then to a different provider..."</p> <p>-"People (staff) that worked with him (FC #1) are no longer here."</p> <p>-"At the time we had a member coordinator (FRC) to work out [FC #1] coming back ...what does he need ...how do we need to support him ...then everyone quit 8/11/25.</p> <p>-"I was not involved with any of that for [FC #1]. I can't find any notes or crisis report of what was done or planning to be done.</p> <p>-"[FRC] handled crises but did not communicate</p>	V 110		

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V 110	Continued From page 7 all the issues." -Have already added a crisis response to their incident reporting form so they can all see what's done and if anything can improve.	V 110		