

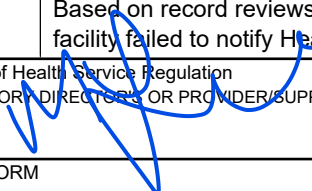
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-145	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2025
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NAME OF PROVIDER OR SUPPLIER THE GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 247 CHESTNUT GROVE ROAD STATESVILLE, NC 28625
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on October 7, 2025. The complaints were unsubstantiated (intake #NC00233777, intake #NC00233780 and intake #NC00233804). 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 has a current census of 4. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 318	<p>13O .0102 HCPR - 24 Hour Reporting</p> <p>10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to notify Health Care Personnel</p>	V 318	<p>V 318</p> <p>The Regional Administrator will in-service the Program Manager on completing IRIS reports within 24hrs of receiving an allegation. The Regional Administrator will monitor through monthly QAPI meetings and incident reporting. In the future, the program manager will ensure all IRIS reports are completed within 24hrs for any allegations.</p>	12/6/25

Division of Health Service Regulation
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
IDD Regional Administrator 10/13/25

(X6) DATE

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V 318	<p>Continued From page 1</p> <p>Registry (HCPR) within 24 hours of learning about allegations of abuse affecting 1 of 5 Staff (#2). The findings are:</p> <p>Review on 10/6/25 of Staff #2's personnel record revealed: -A hire date of 3/12/07 -Job Title: Direct Support Professional.</p> <p>Review on 10/6/25 of the facility records revealed: -There was no HCPR 24-hour Initial Report for the allegation of verbal abuse of for an incident that occurred on 9/18/25</p> <p>Review of North Carolina Incident Response Improvement System (IRIS) for incident on 10/6/25 revealed: -HCPR Level III was completed for incident on 9/26/25 for an allegation of verbal abuse against staff #2 from 9/18/25.</p> <p>Interview on 10/6/25 with the Qualified Professional revealed: -She was responsible for inputting the IRIS report. -Was made aware of the incident on 9/18/25. -Was sick on 9/19/25 and returned to work on 9/22/25 -Was under the impression her supervisor had worked on the incident when in fact she did not. -Resumed work on the incident report and submitted everything on 9/26/25.</p>	V 318		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>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:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the 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>	V 367		

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V 367	<p>Continued From page 3</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 include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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.</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to report all level III incidents to the Local Management Entity (LME)/Managed Care Organization (MCO) in the catchment area within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 10/6/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -A level III incident report was submitted on 9/25/25 for an incident that occurred on 9/18/25 for an allegation of verbal abuse against a staff member.</p> <p>Interview on 10/6/25 with client #1 revealed: -Staff had never yelled or screamed at him or the other clients -Had never seen anyone throw a diaper.</p> <p>Interview on 10/6/25 with staff #2 revealed: -Worked at the facility with FS #1 -Was suspended for one week pending the investigation into the allegation of verbal abuse -Denied making any inappropriate comments or statements to the clients that could be considered verbally abusive.</p> <p>Interview on 10/6/25 with the Qualified Professional revealed: -Learned of the allegation of verbal abuse by staff #2 to clients #1, #2, #3 and #4 by Former Staff #1 on 9/18/25 -Immediately suspended staff #2 and began her investigation.</p>	V 367	<p>V 367</p> <p>Cross reference V318</p>	12/6/25

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V 367	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Was sick on 9/19/25 and did not resume the investigation until 9/22/25 upon her return to work. -Was under the impression her supervisor would work on the incident report, but the supervisor did not. -Submitted all documentation after the completion of the investigation on 9/26/25 and the complaint was unsubstantiated. -Staff #2 had worked for the Agency for 18 years and she had no concerns with staff #2's interactions with the clients -Would ensure in the future incidents were submitted in a timely manner 	V 367		