STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL058-058	A. BUILDING: _____ B. WING _____	C 10/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW GRACE	21120 HIGHWAY 125 WILLIAMSTON, NC 27892

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V 000	INITIAL COMMENTS A complaint survey was completed on October 3, 2025. The complaint was unsubstantiated (intake #NC00233472). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 1 current clients. A sister facility is identified in this report. The sister facility will be identified as sister facility A. The staff work at all sister facilities and will not have an identifier.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.	V 132		

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V 132	Continued From page 1 c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record review and interview the facility failed to notify the Department of Health Care Registry (HCPR) of an allegation of abuse within five working days. The findings are: During interview on 9/30/25 a representative with the Department of Social Services (DSS) reported: - the Associate Professional (AP) was informed of allegations of physical abuse on 8/7/25 - she (AP) allegedly pushed client #1 on the shoulder - the AP agreed to removed herself from the facility's schedule until a case decision was made During interview on 10/3/25 the AP reported: - DSS representative informed her on 8/7/25, the allegations were in regards to supervision - later found out on 8/14/25 at an emergency child and family team meeting it was alleged she pushed client #1 on the shoulder - did not notify HCPR after she was made aware on 8/14/25	V 132		

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V 296	Continued From page 2	V 296		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.	V 296		

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V 296	Continued From page 3 (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan. This Rule is not met as evidenced by: Based on record review and interview the facility failed to have the minimum direct care staff to meet the need for 1 of 1 audited client (#1). The findings are: Review on 9/30/25 of client #1's record revealed: - age 17 - admitted 4/5/25 - diagnosis: Post Traumatic Stress Disorder During interview on 9/30/25 client #1 reported: - was supposed to have a child and family team (CFT) meeting at sister facility A - staff thought the meeting was at 9am but it was at 10am - no clients were there because they had appointments - it was she and the Associate Professional (AP) at sister facility A - they were in the AP's office to wait for the CFT to began - she (client #1) was upset her cell phone was taken by staff per the AP's request - she walked away sister facility A prior to the CFT meeting	V 296		

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V 296	Continued From page 4 - walked back to the facility (she resided in) to get her cell phone - no one was at the sifacility when she arrived - she climbed through her bedroom window and went in the facility to get the cell phone - the phone was locked in the medication cabinet and she was unable to get the cell phone - the AP arrived and spoke with her, she (client #1) left with the AP During interview on 9/30/25 staff #1 reported: - client #1 was supposed to had a CFT at sister facility A - she and another staff had to take clients from sister facility A to a therapy appointment - client #1 was supposed to attend the therapy appointment but due to the change in the CFT time, she remained with the AP at sister facility A - the AP called after she (staff #1) left sister facility A - the AP said "I need a witness...she's (client #1) walking down the road and I'm following her" - she remained on the phone with the AP who informed her client #1 was headed back to the facility During interview on 10/3/25 the AP reported: - client #1 walked away from sister facility A on 8/5/25 - she followed client #1 from sister facility A back to the facility she resided at - contacted staff #1 "for a witness" that she followed client #1 - observed client #1 climb through her bedroom window - she (AP) walked in the front door and observed client #1 attempting to locate the key to the locked medication cabinet - she (AP) held up the medication key and asked client #1 "is this what you looking for?"	V 296		

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V 296	Continued From page 5 - aware it was supposed to be 2 staff - client #1 was in a crisis, the 2 staff that was at sister facility A had to leave the other clients to appointments - could not let client #1 walk from the premises without staff supervision	V 296		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six	V 364		

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V 364	Continued From page 6 hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals; (4) Make visits outside the custody of the facility unless: a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding; b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week; (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and (10)Have access to individual storage space for his private use.	V 364		

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V 364	Continued From page 7 (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has	V 364		

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V 364	Continued From page 8 the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10)Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or	V 364		

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V 364	Continued From page 9 habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restriction of 1 of 1 audited client's (#1) access to personal property had a written statement detailing the reason for the restriction and failed to review the restriction as required. The findings are: Review on 9/30/25 of client #1's record revealed: - age 17 - admitted 4/5/25	V 364		

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V 364	Continued From page 10 - diagnosis: Post Traumatic Stress Disorder - a treatment plan with the following updates: 5/28/25, 7/25/25 & 9/29/25 - no documented reasons for client #1's cell phone restriction During interview on 9/30/25 client #1 reported: - her cell phone was taken for 7 days by staff - it was for "a dumb reason" - her roommate, client #4, "lied" and said she gave her stickers - they (clients) were not allowed to share items During interview on 9/30/25 client #1's Department of Social Service guardian reported: - was aware client #1's cell phone was taken for a certain period of time - the facility's policy was "no sharing" and client #1 gave her roommate stickers During interview on 10/3/25 client #1's care manager reported: - aware client #1's cell phone use was restricted by the Associate Professional (AP) - the facility should have documentation for the reasons the phone was restricted During interview on 10/3/25 the AP reported: - she instructed staff to take client #1's cell phone on 8/2/25, because she shared stickers with her roommate - the facility had a no sharing policy - the cell phone restriction was supposed to be for 7 days - was supposed to have a child and family team (CFT) meeting on 8/5/25 - informed client #1 she had planned to give the cell phone back on the day of the (CFT) - however, client #1 walked away from the facility on 8/5/25 and the phone was not returned	V 364		

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V 364	Continued From page 11 - there were no documented reasons every 7 days for client #1's cell phone restrictions - as of August 2025, cell phone's were no longer allowed at the facility	V 364		
V 366	27G .0603 Incident Response Requirements 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; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (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 (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (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. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall	V 366		

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V 366	Continued From page 12 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: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (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 follows: (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; (B) gather other information needed; (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 (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	V 366		

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V 366	Continued From page 13 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 (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to issue a written preliminary finding of fact to the Local Management Entity/Managed Care Organization (LME/MCO) within five working days of the incidents. The findings are: Review on 9/30/25 of the IRIS (incident response improvement system) revealed no documentation of level II and level III incidents for the following:	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL058-058	A. BUILDING: _____ B. WING _____	C 10/03/2025

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V 366	Continued From page 14 A. During interview on 9/30/25 a representative with the Department of Social Services (DSS) reported: - On 8/7/25, client #1 was upset DSS social workers made a visit to her job - she exhibited verbal aggression when she arrived at the facility - staff contacted the police to de-escalate client #1's behaviors B. During interview on 9/30/25 a representative with DSS reported: - the Associate Professional (AP) was informed of allegations of physical abuse on 8/7/25 - she (AP) allegedly pushed client #1 on the shoulder During interview on 10/3/25 the AP reported: - police did come to the facility on 8/7/25 for client #1 - a DSS representative informed her on 8/7/25, the allegations were in regards to supervision - later found out on 8/14/25 at an emergency child and family team meeting, client #1 alleged she pushed her on the shoulder - did not document the preliminary facts and notify the LME/MCO regarding incidents for client #1	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	V 367		

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V 367	Continued From page 15 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 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	V 367		

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V 367	Continued From page 16 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 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.	V 367		

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V 367	Continued From page 17 This Rule is not met as evidenced by: Based on record review and interview the facility failed to notify the LME/MCO (Local Management Entity/Managed Care Organization) of a level II and level III incident report. The findings are: Review on 9/30/25 of the IRIS revealed no documentation of level II and level III incidents for the following: A. During interview on 9/30/25 a representative with the Department of Social Services (DSS) reported: - On 8/7/25, client #1 was upset DSS social workers made a visit to her job - she exhibited verbal aggression when she arrived at the facility - staff contacted the police to de-escalate client #1's behaviors During interview on 10/3/25 the Licensee reported: - police did come to the facility on 8/7/25 - forgot to complete IRIS (incident response improvement system) B. During interview on 9/30/25 a representative with the Department of Social Services (DSS) reported: - the Licensee was informed of allegations of physical abuse on 8/7/25 - she (Licensee) allegedly pushed client #1 on the shoulder - the Licensee agreed to removed herself from the facility's schedule until a case decision was made During interview on 10/3/25 the Licensee reported:	V 367		

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V 367	Continued From page 18 - DSS representative informed her on 8/7/25, the allegations were in regards to supervision - later found out on 8/14/25 at an emergency child and family team meeting when client #1 alleged she pushed her on the shoulder - did not notify HCPR after she was made aware on 8/14/25	V 367		