

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2025
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NAME OF PROVIDER OR SUPPLIER BELMONT HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 927 FLOYD LANE GASTONIA, NC 28052
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 10-9-25. The complaint was substantiated (Intake #NC00233584). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children And Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(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:</p> <ol style="list-style-type: none"> 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. 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 	V 132		

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

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V 132	<p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was notified of an allegation against facility staff, failed to protect the clients while the investigation was in process and failed to report the results of the investigation within five working days of the investigation. The findings are:</p> <p>Review on 10-7-25 of former client (FC) #4's record revealed: -Date of admission: 7-10-23. -Date of discharge: 10-6-25. -Age: 13 years. -Diagnoses: Disruptive Mood Dysregulation Disorder; Post-Traumatic Stress Disorder; Attention Deficit Hyperactivity Disorder, combined type.</p> <p>Review on 10-7-25 of facility records revealed: No documentation of reporting to HCPR of the allegation that on an unknown date and time the Program Manager (PM) "grabbed FC #4 by his throat, picked FC #4 up (by his throat) and held FC #4 until FC #4 passed out for approximately 5 seconds causing FC #4 to hit his head on some unknown source." -No documentation of reporting of the allegation that on an unknown date and time the PM "karate</p>	V 132		

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V 132	<p>Continued From page 2</p> <p>chopped FC #4 as a form of punishment." -No documentation of reporting of the allegation that staff #1 verbally abused FC #4 by calling FC #4 "gay"and telling FC #4 he was a female."</p> <p>Interview on 10-8-25 and 10-9-25 with the Licensee/Owner revealed: -The Licensee/Owner is responsible for completing internal investigations and reporting to HCPR and DSS. -She became aware of the allegations on 9-13-25 after DSS came to the facility to investigate allegations reported by FC #4's school. -"They (FC #4's school staff) called 9-13-25 and reported FC #4's had some difficulty with his behavior at the school." FC #4 expressed to the school staff that he did want to go back to the facility because of consequences he would face due to his behaviors and further reported that staff (staff #2) made inappropriate remarks..."quite acting like a girl." Staff #1 stated to FC #4 "see me when you turn 21." -She was not made aware of the allegations that the PM grabbed FC #4 by his throat, picked FC #4 up (by his throat) and held FC #4 until FC #4 passed out for approximately 5 sec causing FC #4 to hit his head on some unknown source. or that the PM karate chopped FC #4 as a form of punishment until 9-23-25 after FC #4 informed her that he was going to a forensic interview and the Licensee/Owner spoke with FC #4's DSS guardian and confirmed the forensic interview appointment. -The Licensee/Owner did not complete a report to the local DSS. "Yeah, I'm aware of the reporting requirements. I dropped the ball on this one."</p>	V 132		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing	V 296		

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V 296	<p>Continued From page 3</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(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.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(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.</p> <p>(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.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they</p>	V 296		

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V 296	<p>Continued From page 4</p> <p>are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure the minimum staff ratio of two staff for up to 4 adolescents. The findings are:</p> <p>Review on 10-7-25 of client #1's record revealed: -Date of admission: 1-27-25. -Age: 12 years. -Diagnoses: Attention Deficit Disorder (ADHD); Conduct Disorder; Borderline Intellectual Functioning; Autism Spectrum Disorder; Persistent Mood Affective Disorder; Disruptive Mood Dysregulation Disorder (DMDD).</p> <p>Review on 10-7-25 of client #2's record revealed: -Date of admission: 11-18-24. -Age: 12 years. -Diagnoses: Oppositional Defiant Disorder.</p> <p>Review on 10-7-25 of former client (FC) #4's record revealed: -Date of admission: 7-10-24. -Age: 13 years. -Diagnoses: ADHD, combined Type; DMDD; Post Traumatic Stress Disorder.</p> <p>Review on 10-7-25 of the facility's incident reports revealed:</p>	V 296		

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V 296	<p>Continued From page 5</p> <p>- On 9-5-25, there was a "critical incident involving [client #1] that occurred this morning 9-5-25 at 7:20am/8:10am. [Client #1] experienced multiple behavioral crises, resulting in physical aggression towards both peers and staff." -The incident resulting in client #1 physically biting FC #4 on his ankle and staff #3 placing client #1 in a therapeutic hold to ensure the safety of clients #1, #2, #3 and FC #4.</p> <p>Interview on 10-7-25 with client #1 revealed: -"It's a bit blurry (incident). I bit him (FC #4), that was not nice. I don't know (why he bit FC #4) I can't remember what he said to me. I though he said something mean to me but he didn't, I don't think so." -"It was only one staff (staff #3) here (9-5-25)."</p> <p>Interview on 10-7-25 with client #2 revealed: -"[Client #1] bit [FC #4] on his ankle. Because he wanted to sit in the front seat." -"Usually there's two staff but it was only [staff #3] that time." -Denied knowing why there was only one staff on 9-5-25.</p> <p>Interview on 10-7-25 with client #3 revealed: -"He (client #1) was fighting everybody. Yeah, even staff." "Just [staff #3] was here. [staff #2] couldn't come in that morning. I think he had an emergency or something." -"Yeah, it's usually two staff or more here all the time."</p> <p>Interview on 10-8-25 with staff #2 revealed: -Works 3rd shift 11pm to 8am. -Two staff per shift is the normal staff ratio. -He was unable to work his shift on 9-4-25 due to a family emergency.</p>	V 296		

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V 296	<p>Continued From page 6</p> <p>"I called my co-worker (9-4-25 at an unknown time) and told her I wasn't coming in."</p> <p>Interview on 10-7-25 with staff #3 revealed: -Works 3rd shift, 11pm to 8am. -Two staff per shift is the normal staff ratio. -9-4-25/9-5-25 staff #2 failed to show up for his scheduled and staff #3 was the only staff on shift from 11am (9-4-25) until approximately 8:30am on 9-5-25. -While preparing for morning transport on 9-5-25, client #1 became upset because he could not ride in the front seat of the van. Client #1 physically attacked two of his peers (client #3 and FC #4).</p> <p>Interview on 10-7-25 with the House Manager revealed: -Two staff work per shift. -He was unaware that staff #2 had not shown up for his shift (11pm to 8am) on 9-4-25 until the morning of 9-5-25 when staff #3 called him to report the incident with client #1, #3 and FC #4 and as a result staff #3 worked her shift alone causing the home to be out of ratio from 11pm on 9-4-25 to approximately 8:30 on 9-5-25.</p> <p>Interview on 10-9-25 with the Licensee/Owner revealed: -Staff #2 failed to follow protocol for calling off shift on 9-4-25. -Protocol would have been "He (staff #2) should have called one of us (HM, Executive Administrator or Licensee/Owner) when he knew he was not going to be able to come in. We would have found someone to cover the shift or one of us would have come in."</p>	V 296		
V 500	27D .0101(a-e) Client Rights - Policy on Rights	V 500		

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V 500	<p>Continued From page 7</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p>	V 500		

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V 500	<p>Continued From page 8</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all incidents of alleged abuse were reported to the county Department of Social Services (DSS). The findings are:</p> <p>Review on 10-7-25 of facility records revealed: -No documentation of the allegation that on an unknown date and time the Program Manager (PM) "grabbed FC #4 by his throat, picked FC #4 up (by his throat) and held FC #4 until FC #4 passed out for approximately 5 seconds causing FC #4 to hit his head on some unknown source." -No documentation of the allegation that on an unknown date and time the PM "karate chopped FC #4 as a form of punishment." -No documentation of the allegation that staff #1</p>	V 500		

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V 500	<p>Continued From page 9</p> <p>verbally abused FC #4 by calling FC #4 "gay"and telling FC #4 he was a female."</p> <p>Interview on 10-8-25 and 10-9-25 with the Licensee/Owner revealed:</p> <ul style="list-style-type: none"> -The Licensee/Owner is responsible for completing internal investigations and reporting to HCPR and DSS. -She became aware of the allegations on 9-13-25 after DSS came to the facility to investigate allegations reported by FC #4's school. -"They (FC #4's school staff) called 9-13-25 and reported FC #4's had some difficulty with his behavior at the school." FC #4 expressed to the school staff that he did want to go back to the facility because of consequences he would face due to his behaviors and further reported that staff (staff #2) made inappropriate remarks..."quite acting like a girl." Staff #1 stated to FC #4 "see me when you turn 21." -She was not made aware of the allegations that the PM grabbed FC #4 by his throat, picked FC #4 up (by his throat) and held FC #4 until FC #4 passed out for approximately 5 sec causing FC #4 to hit his head on some unknown source. or that the PM karate chopped FC #4 as a form of punishment until 9-23-25 after FC #4 informed her that he was going to a forensic interview and the Licensee/Owner spoke with FC #4's DSS guardian and confirmed the forensic interview appointment. -The Licensee/Owner did not complete a report to the local DSS. "Yeah, I'm aware of the reporting requirements. I dropped the ball on this one." 	V 500		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p>	V 736		

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V 736	<p>Continued From page 10</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility was maintained in a clean, safe and orderly manner. The findings are:</p> <p>Observation on 10/7/25 between approximately 2:59pm and 3:45pm revealed:</p> <ul style="list-style-type: none"> -Bedroom #1 had a 8 by 8 inch round hole exposing the interior studs above client #2's bed and a fist size dent approximately 2 feet above the hole. -The wall (hallway) between bedroom #1's door and bedroom #2's door had a approximately 12 by 12 inch area that was spackled but not painted. -The hallway wall between bedroom #2 and bedroom #3 (where staff sat) had an area of wall approximately 12 by 12 inches that had been spackled but not painted. -Bedroom #2 had a socket cover separated from it's base and hung from the wall. -A large (approximately 2 foot) area shaped like a circle (above the plastics storage bins) and a fist size area to the right side of the plastic bins where a hole had been was spackled but not painted. -Bedroom #3's bathroom had water damage to the paint around the shower unit which caused the paint to peel from wall around the length of the shower unit. The area between the shower head and the shower unit had cracked spackle that exposed damage to the wall below the shower head. The toilet paper holder was rusted. There was a brown substance on the ceiling approximately 3 feet long by 5 to 6 inches wide 	V 736		

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V 736	<p>Continued From page 11</p> <p>along crack between the ceiling and the wall. -There was damage to the bottom of the back door in the kitchen. Immediately in front of the door there were approximately 7 peeling vinyl floor planks.</p> <p>Interview on 10-7-25 with Client #1 revealed: -He made the hole in his wall. Not sure when he made the hold or why he made the hole. He did not want to talk about the hold. -Had no maintenance concerns in the facility.</p> <p>Interview on 10-7-25 with Client #2 revealed: -"I think the guy that was in the room before put those holes in the walls. -Had no maintenance concerns in the facility.</p> <p>Interview on 10/7/25 with Client #3 revealed: -Had no maintenance concerns in the facility.</p> <p>Interview on 10-9-25 with the Executive Administrator revealed: -"Yes," I'm aware of the damage. I am already working with the landlord to get everything fixed. We are having our [accreditation] in two weeks so all of that will be fixed before they come.</p> <p>Interview on 10-9-25 with the Owner revealed: -"Yes we will have all of the damage fixed by then (before creation)."</p>	V 736		