

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/23/2025
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NAME OF PROVIDER OR SUPPLIER CHANGING LIVES GROUP HOME IV, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1404 CUSHING STREET GREENSBORO, NC 27405
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 10/23/25. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. 	V 107		

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

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V 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a complete personnel record was kept for 1 of 3 audited staff (staff #1). The findings are:</p> <p>Review on 10/17/25 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - No documentation of a date of hire - No evidence of a written and signed job description which specified the minimum level of education, competency, work experience and other qualifications for the the position and duties and responsibilities required of the position <p>Interview on 10/23/25 with the Director revealed:</p> <ul style="list-style-type: none"> - It had been the responsibility of the now 	V 107		

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V 107	Continued From page 2 former Qualified Professional to ensure staff had complete personnel records - He would ensure all staff had all the required documents in their records	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.	V 108		

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V 108	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff had completed the minimum required training for 1 of 3 audited staff (staff #1). The findings are:</p> <p>Review on 10/17/25 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - No documentation of a date of hire - No evidence staff #1 had been provided training in general organizational orientation; client rights and confidentiality and training to meet the mh (mental health)/dd (developmental disabilities)/sa (substance abuse) needs of the client as specified in their treatment/habilitation plans <p>Interview on 10/23/25 with the Director revealed:</p> <ul style="list-style-type: none"> - It had been the responsibility of the now former Qualified Professional to ensure staff #1 had completed the required trainings and that documentation of the completed trainings had been placed in her record - Would ensure staff #1 completed the necessary trainings and documentation of completed trainings was placed in their record 	V 108		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden);</p>	V 113		

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V 113	<p>Continued From page 4</p> <p>(B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p>	V 113		

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V 113	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure complete client records were maintained for each individual admitted to the facility affecting 3 of 3 audited clients (clients #1, #2 and #3). The findings are:</p> <p>Review on 10/17/25 and on 10/21/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An identification face sheet and a screening and assessment which was completed by the Qualified Professional (QP) upon his admission to a sister facility on 10/18/24 - No evidence of an updated identification face sheet to include his admission date; documentation of mental illness, developmental disabilities or substance abuse diagnoses or a screening and assessment for his current facility - A treatment/habilitation plan dated 10/18/24 and completed by the QP at the sister facility which documented the goals client #1 was to work on upon his admission to the sister facility; however, there was no evidence of a current treatment/habilitation plan in his record <p>Interview on 10/16/25 with client #1 revealed:</p> <ul style="list-style-type: none"> - Had been a resident at a sister facility and then moved to his current placement in "December 2024." <p>Review on 10/17/25 and on 10/21/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> - No documentation of an admission date - A screening and assessment dated 6/21/18 from a former facility; however, there was no evidence of an updated screening and assessment present in his record - Treatment/habilitation plans dated 7/7/21 and 	V 113		

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V 113	<p>Continued From page 6</p> <p>7/2/24 from a former facility; however, there was no evidence of a current treatment/habilitation plan in client #2's record</p> <ul style="list-style-type: none"> - No signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician <p>Review on 10/17/25 and on 10/21/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> - An identification face sheet and a screening and assessment completed upon his admission to a sister facility on 4/19/21 - No evidence of an updated identification face sheet to include his admission date; documentation of mental illness, developmental disabilities or substance abuse diagnoses or an updated screening and assessment for his current facility - A treatment/habilitation plan dated 8/9/21 and last updated on 2/9/22 which documented the goals client #3 was to work on upon his admission to his former facility; however, there was no evidence of a current treatment/habilitation plan in his record 	V 113		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p>	V 114		

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V 114	<p>Continued From page 7</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 10/17/25 of the facility's fire and disaster drill logs drill log from 7/6/24 - 10/15/25 revealed:</p> <ul style="list-style-type: none"> - During the third quarter of 2024 (July - September) six fire drills were held between the hours of 2:30 pm and 8 pm only - No documentation of any fire drills being held during the fourth quarter of 2024 (October - December); the first quarter of 2025 (January - March); or the second quarter of 2025 (April - June) - During the third quarter of 2025 (July - September), a fire drill was held on 7/2/25 at 2 pm and on 8/21/25 at 3:30 pm - During the remainder of the third quarter of 2025, it was documented a fire drill was held on the following dates: 7/13/25; 8/13/25; 8/26/25; 9/20/25 and on 9/22/25; however, there was no time listed to reflect when the drill was conducted on these dates - No documentation a disaster drill was held during the third quarter of 2024 (July - September); the fourth quarter of 2024 (October - December); the first quarter of 2025 (January - March); the second quarter of 2025 (April - June) 	V 114		

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V 114	Continued From page 8 or the third quarter of 2025 (July - September) Interview on 10/23/25 with the Director revealed: - How fire and disaster drills were to be held would be addressed with staff	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure prescription drugs were only administered to a client on the written order of a person authorized by law to prescribe drugs affecting 2 of 3 audited clients (clients #1 and #3). The findings are:</p> <p>Review on 10/17/25 and on 10/21/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> - No documentation of a date of admission - Diagnoses of a Major Depressive Disorder and Autism Spectrum Disorder - A review of his Medication Administration Records from August 2025 - October 2025 revealed he was being administered medications which included the following: Clozapine (an antipsychotic to treat certain mental health conditions) 200 mg (milligrams) 1 tab (tablet) PO (by mouth) every night at bedtime; Omega 3 Acid (decrease bad cholesterol and high triglycerides) 1 gm (gram) 2 cap (capsule) PO twice daily and Pantoprazole (decrease stomach acid) 40 mg 1 tab PO once daily - No evidence of written physician's orders for these medications were present in client #1's record <p>Review on 10/17/25 and on 10/21/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> - No documentation of a date of admission - Diagnoses of Schizophrenia; GERD (Gastroesophageal Reflux Disease) and Asthma - A review of his Medication Administration 	V 118		

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V 118	<p>Continued From page 10</p> <p>Records from August 2025 - October 2025 revealed he was being administered medications which included the following: Fluoxetine (treat mental health conditions) 20 mg 1 cap PO every night at bedtime; Hydroxyzine HCL (Hydrochloride) (treat anxiety) 50 mg 1 PO three times a day; Olanzapine (antipsychotic to treat certain mental health conditions) 5 mg 1 tab PO twice daily; Oxybutynin (treat overactive bladder) 5 mg 1 tab PO once daily and Thera-Tabs (treat/prevent vitamin deficiencies) 1 tab PO once daily (take with food)</p> <ul style="list-style-type: none"> - No evidence of written physician's orders for these medications were present in client #3's record <p>Interview on 10/21/25 with the Interim Qualified Professional (IQP) revealed:</p> <ul style="list-style-type: none"> - The former QP "took the clients' books home and never brought the books back." - Believed the missing physician's orders or FL-2's may in the documents the former QP now had in her possession - Had been unsuccessful in his attempts to get in contact with the former QP to retrieve the clients' "books." - Would continue to work to recover the missing documents from the former QP and/or to get the documents from the clients' pharmacy to replace the missing information <p>Interview on 10/21/25 with a Pharmacist from a medical group revealed:</p> <ul style="list-style-type: none"> - At the facility to complete psychotropic medication reviews on behalf of all the clients who resided at the facility - Would be unable to complete the reviews based on there not being current physician's orders or current FL-2's for all the clients present in the facility 	V 118		

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V 118	Continued From page 11 - Reported that when the clients' medications were delivered to the facility from his pharmacy, copies of the physician's orders were included with the delivery of medications - Would assist the facility in getting the most current physician's orders for each clients' medications; however, it would not be "today (10/21/25)." - Planned to reschedule the clients' medication reviews for a date yet undetermined in November 2025	V 118		
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.	V 366		

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V 366	<p>Continued From page 12</p> <p>(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.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall 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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(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:</p> <p>(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;</p> <p>(B) gather other information needed;</p> <p>(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,</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/23/2025
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NAME OF PROVIDER OR SUPPLIER CHANGING LIVES GROUP HOME IV, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1404 CUSHING STREET GREENSBORO, NC 27405
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V 366	<p>Continued From page 13</p> <p>if different; and</p> <p>(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 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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement written policies governing their response to level II incidents as required.</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 14</p> <p>The findings are:</p> <p>Review on 10/17/25 and on 10/21/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> - No documentation of a date of admission - Diagnoses of Mild Intellectual Developmental Disability; Depressive Disorder, Unspecified; Insomnia and Seizure Disorder <p>Interview on 10/16/25 with staff #1 revealed:</p> <ul style="list-style-type: none"> - On 9/10/25, client #2 had become upset and was "hollering and screaming" and "hitting his bedroom wall." - Believed client #2 was upset because he missed his former provider - She called the Interim Qualified Professional (IQP) who directed her to call law enforcement - A "crisis worker" and law enforcement arrived at the facility on 9/10/25 to assess the situation - Client #2 agreed to be transported to a behavioral health center for additional evaluation; however, he was returned to the facility the evening of 9/10/25 with no further disruption <p>Review on 10/16/25 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - No level II incident report had been submitted to IRIS regarding a law enforcement officer(s) visit to the facility on 9/10/25 to address client #2's behavior <p>Interview on 10/23/25 with the Director revealed:</p> <ul style="list-style-type: none"> - Acknowledged that law enforcement had been to the facility on 9/10/25 - Had been the responsibility of the former QP to ensure a level II incident report was submitted to IRIS - Was not aware the former QP had not submitted a level II incident report to IRIS as required 	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/23/2025
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V 366	<p>Continued From page 15</p> <ul style="list-style-type: none"> - As no level II incident report had been completed, there was no documentation to support how client (#2's) health and safety needs were being attended to; a determination of the cause of the incident; what corrective measures were developed and implemented to prevent similar incidents and what person(s) were assigned to be responsible for implementation of any corrective and preventative measures which were all part of a level II incident report - Would now submit a level II incident report to IRIS regarding this event <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ul style="list-style-type: none"> (1) reporting provider contact and identification information; (2) client identification information; 	V 367		

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V 367	<p>Continued From page 16</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> <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</p>	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/23/2025
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V 367	<p>Continued From page 17</p> <p>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> <ol style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on record review and interview , the facility failed to report a level II incident to the Local Management Entity (LME) within 72 hours of becoming aware of the incident affecting 1 of 3 audited clients (client #2). The findings are:</p> <p>Review on 10/17/25 and on 10/21/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> - No documentation of a date of admission - Diagnoses of Mild Intellectual Developmental Disability; Depressive Disorder, Unspecified; Insomnia and Seizure Disorder 	V 367		

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V 367	<p>Continued From page 18</p> <p>Interview on 10/16/25 with staff #1 revealed:</p> <ul style="list-style-type: none"> - On 9/10/25, client #2 had become upset and was "hollering and screaming" and "hitting his bedroom wall." - Believed client #2 was upset because he missed his former provider - She called the Interim Qualified Professional (IQP) who directed her to call law enforcement - A "crisis worker" and law enforcement arrived at the facility on 9/10/25 to assess the situation - Client #2 agreed to be transported to a behavioral health center for additional evaluation; however, he was returned to the facility the evening of 9/10/25 with no further disruption <p>Review on 10/16/25 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - No level II incident report had been submitted to IRIS regarding a law enforcement officer(s) and crisis worker's visit to the facility on 9/10/25 on behalf of client #2 <p>Interview on 10/23/25 with the Director revealed:</p> <ul style="list-style-type: none"> - Acknowledged that law enforcement had been to the facility on 9/10/25 - Had been the responsibility of the former QP to ensure a level II incident report was submitted to IRIS - Was not aware the former QP had not submitted a level II incident report to IRIS as required - Would now submit a level II incident report to IRIS regarding this event <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 367		