STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-084	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE DAY/THE ENOLA GROUP	540-A EAST UNION STREET MORGANTON, NC 28655

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint survey was completed on September 16, 2025. The complaint was substantiated (NC #00233481). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups. This facility has a current census of 31. The survey sample consisted of an audit of 1 current client.	V 000	RECEIVED OCT 03 2025 DHSR-MH Licensure Sect	
V 318	13O .0102 HCPR - 24 Hour Reporting 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). This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report allegations of abuse and exploitation to the Health Care Personnel Registry (HCPR) within 24 hours of becoming	V 318		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Kim Curtis TITLE 9-28-25 (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-084	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE DAY/THE ENOLA GROUP	540-A EAST UNION STREET MORGANTON, NC 28655

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 318	Continued From page 1 aware of the allegation(s). The findings are: Review on 9/15/25 of Client #1's record revealed: -Admission Date: 7/14/25. -Diagnoses: Intellectual and Developmental Disability (IDD), Moderate; Other Specified Neurological Disorder associated with Failure to Thrive; Significantly Low Deficit in Socialization, Cognition, and Developmental Delay; and Attention Deficit Hyperactivity Disorder. Review on 9/15/25 of Former Staff#1 (FS #1)'s personnel record revealed: -Hire date: 10/5/23. -Termination Date: 9/8/25. -Position: Direct Support Professional. Review on 9/15/25 of internal facility incident reports revealed: -9/5/25, Incident Type: inappropriate sexual behavior, " ...received a phone call from clients guardian reporting inappropriate contact between FS#1 and Client #1 ..." Review on 9/15/25 of North Carolina Incident Response Improvement Reporting System (IRIS) revealed: -Level III incident dated 9/5/25 for Emotional Abuse/Exploitation allegations made against a staff, " ...[Client #1] and a staff member at the [Day Program], [FS#1] began corresponding with one another through ...IPAD ...and ...[FS#1's] cell phone ... FS#1 introduced her to other men on face time ...and they asked her to take off her shirt and pants-she did ...During the course of texting ...[FS#1] had said he loved her and he wanted her to be his girlfriend." Review on 9/15/25 of a fax cover sheet addressed to HCPR from the facility revealed:	V 318		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-084	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE DAY/THE ENOLA GROUP	540-A EAST UNION STREET MORGANTON, NC 28655

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 318	Continued From page 2 -HCPR report notification dated 9/12/25. Review on 9/15/25 of facility email documentation revealed: -Receipt of 24 hour report to HCPR dated 9/12/25. Interview on 9/15/25 with the Adult Services Director revealed: -Completed incident reporting and internal investigations for the facility. -Became aware of the situation between FS #1 and Client #1 on September 5, 2025. -Did not know that the referral to the HCPR had to be sent within 24 hours of becoming aware of the allegations. -In the future, the facility would ensure that the HCPR notifications were sent timely.	V 318		
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	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-084	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE DAY/THE ENOLA GROUP	540-A EAST UNION STREET MORGANTON, NC 28655

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	Continued From page 3 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 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	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-084	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE DAY/THE ENOLA GROUP	540-A EAST UNION STREET MORGANTON, NC 28655

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	Continued From page 4 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 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.	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-084	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE DAY/THE ENOLA GROUP	540-A EAST UNION STREET MORGANTON, NC 28655

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit their preliminary findings of facts and incident response to the Local Management Entity/Managed Care Organization (LME/MCO) within 5 working days after a level III incident. The findings are: Review on 9/15/25 of Client #1's record revealed: -Admission Date: 7/14/25. -Diagnoses: Intellectual and Developmental Disability, Moderate; Other Specified Neurological Disorder associated with Failure to Thrive; Significantly Low Deficit in Socialization, Cognition and Developmental Delay; and Attention Deficit Hyperactivity Disorder. Review on 9/15/25 of Former Staff#1 (FS #1)'s personnel record revealed: -Hire date: 10/5/23. -Termination Date: 9/8/25. -Position: Direct Support Professional. Review on 9/15/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -Date of incident: 9/5/25, Level III for Emotional Abuse/Exploitation, " ...[Client #1] and a staff member at the [Day Program] began corresponding with one another through ... IPAD ...and ...[FS#1's] cell phone ... FS#1 introduced her to other men on face time ...and they asked her to take off her shirt and pants-she did ...During the course of texting ...[FS#1] had said he loved her and he wanted her to be his girlfriend." -Date submitted: 9/10/25.	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-084	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE DAY/THE ENOLA GROUP	540-A EAST UNION STREET MORGANTON, NC 28655

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	Continued From page 6 -No attached documentation of factual findings by the facility related to the incident, corrective measures taken, preventative measures put in place, and person(s) responsible for ensuring their implementation. Review on 9/15/25 of internal facility incident reports revealed: -9/5/25, incident type: Inappropriate sexual behavior, " ...received a phone call from clients guardian reporting inappropriate contact between FS#1 and Client #1 ..." -Attached documentation of an internal investigation completed by the facility. Interview on 9/15/25 with the Adult Services Director revealed: -Became aware of incident(s) regarding Client #1 and FS #1 on 9/5/25. -Completed an investigation due to allegations of abuse and exploitation of Client #1. -FS #1 was put on administrative leave and then terminated on 9/8/25. -The facility was re-training staff on therapeutic boundaries with clients. -Client #1's guardian had notified local law enforcement and Department of Social Services regarding the incidents. -Did not upload the internal investigation findings (made by the facility) into the IRIS system. -Would upload the facility's findings to the IRIS system.	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	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-084	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE DAY/THE ENOLA GROUP	540-A EAST UNION STREET MORGANTON, NC 28655

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 7 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: (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;	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-084	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE DAY/THE ENOLA GROUP	540-A EAST UNION STREET MORGANTON, NC 28655

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 8 (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 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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-084	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE DAY/THE ENOLA GROUP	540-A EAST UNION STREET MORGANTON, NC 28655

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 9 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to notify the Local Management Entity/Managed Care Organization (LME/MCO) of a level III incident within 72 hours of becoming aware of the incident as required. The findings are: Review on 9/15/25 of Client #1's record revealed: -Admission Date: 7/14/25. -Diagnoses: Intellectual and Developmental Disability (IDD), Moderate; Other Specified Neurological Disorder associated with Failure to Thrive; Significantly Low Deficit in Socialization, Cognition, and Developmental Delay; and Attention Deficit Hyperactivity Disorder. Review on 9/15/25 of Former Staff#1 (FS #1)'s personnel record revealed: -Hire date: 10/5/23. -Termination Date: 9/8/25. -Position: Direct Support Professional. Review on 9/15/25 of internal facility incident reports revealed: -9/5/25, incident type: Inappropriate sexual behavior, " ...received a phone call from client's guardian reporting inappropriate contact between FS#1 and Client #1 ..." Review on 9/15/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -Date of incident: 9/5/25, Level III for Emotional Abuse/Exploitation, " ...[Client #1] and a staff member at the [Day Program] began	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-084	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE DAY/THE ENOLA GROUP	540-A EAST UNION STREET MORGANTON, NC 28655

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 10 corresponding with one another through ... IPAD ...and ...[FS#1's] cell phone ... FS#1 introduced her to other men on face time ...and they asked her to take off her shirt and pants-she did ...During the course of texting ...[FS#1] had said he loved her and he wanted her to be his girlfriend." -Date the provider learned of incident: 9/5/25. -Date submitted: 9/10/25. Interviews on 9/15/25 and 9/16/25 with the Adult Services Director revealed: -Would ensure that the facility put in IRIS reports according to time frame moving forward.	V 367		

ACCIDENT / INCIDENT AND DEATH REPORTING

POLICY:

To ensure that incidents are appropriately documented and that the actions taken are appropriate for the situation. To ensure documentation of the incident is completed in a timely and accurate manner. To ensure that client deaths are reported to DHSR. All incidents will be tracked and reviewed by The Enola Group's designated professional to ensure that no harmful or unsafe patterns are emerging. An Enola Group employee, who receives notification of a client's involvement in an accident/incident, whether or not it occurs during service hours, shall immediately report the event to his/her supervisor and document such on The Enola Group Accident and Incident Report form. All client accidents/incidents, whether Level I, II, or III, shall be reported to the responsible Program Director who will make all other necessary notifications. Level II and Level III incidents will be reported to the LME/MCO within 72 hours and a summary of Level I incidents will be reported Quarterly.

DEFINITIONS:

INCIDENT: An incident is defined as any happening which is not consistent with the routine operation of a service or the routine care of a client and that is likely to lead to an adverse effect upon the person or property of a client or that is likely to lead to an adverse effect caused by a client.

CRITICAL INCIDENT:

A. Death
B. Alleged Abuse, Neglect or Exploitation of a client; Alleged Sexual Abuse of a client
C. Suspension or expulsion from services by the agency
D. Injuries requiring treatment from a licensed health professional due to assault, motor vehicle accident, self-injury, suicide attempt, trip/fall
E. Medication Error that threatens health or safety
F. Fire that threatens or impairs a consumer's health or safety
G. Seclusion
H. Use of restraint
I. Communicable disease
J. Infection disease
K. Aggression or violence
L. Wandering
M. Elopement
N. Vehicular accident
O. Biohazardous accidents
P. Unauthorized use and possession of legal or illegal substances
Q. Suicide and attempted suicide
R. Overdose
S. Other sentinel events
T. Consumer Behavior:
    a. Aggressive Behavior
    b. Destructive Behavior
    c. Illegal Act
    d. Inappropriate or illegal sexual behavior (consumer is victim, not perpetrator)
    e. Unplanned consumer absence of more than 3 hours over time specified in PCP

I. Diversion of drugs

NON-CRITICAL INCIDENTS:

A. AWOL – client absence without supervision for less than 3 hours
B. Verbal/physical threats by client
C. Alleged criminal act by others having impact on the client
D. Violation of Confidentiality of client
E. Client Rights Violation
   Search/Seizure
F. Property Damage or Loss
G. Minor Injury that does not require treatment by a physician
H. Seizure

PROCEDURE:

1. In the event of an incident, a written report will be completed on The Enola Group Accident and Incident Report form. All components of the form shall be fully and accurately completed. If unable to obtain information requested on the form, an explanation shall be noted. This report shall not be referenced or filed in the client chart but filed in an administrative file in the local office. All incidents involving the use of physical restraint must be accompanied by the DHHS Restrictive Intervention Details Report (QM04), which is filed in the client's chart. **References to an incident report, opinions, conclusions or personnel actions relative to an event shall not be included in the record entry.**

2. Reporting of incidents must adhere to confidentiality standards as outline in NC G.S. 122-C, NC Administrative Code, and the Code of Federal Regulations.

3. All instances of alleged or suspected harm, abuse, neglect or exploitation of clients are reported to the local County Department of Social Services. When a person witnesses or gains knowledge that leads him or her to suspect that harm, abuse, neglect, or exploitation has occurred, they are to immediately notify (face-to-face or telephonically) the Qualified Professional. Following receipt of documented incident report the Program Director will notify the Executive Director and call the local County Department of Social Services within 24 hours of the reported allegation/suspicion to provide a verbal report. Electronic submission of report via the Incident Reporting and Improvement System (IRIS) is to occur within 72 hours of learning of the allegation/suspicion.

4. NC DHHS and NC DMH/DD/SAS developed the Incident Reporting and Improvement System (IRIS) as a web-based incident reporting system for reporting and documenting response to Level II and III incidents. IRIS will be used for reporting incidents pursuant to rules for 10A NCAC 27G .0600- .0610, and the Report of Death to DHHS Form for reporting deaths to DHHS, pursuant to G.S. 122C-31.

5. In the event of an allegation or suspicion of harm, abuse, neglect or exploitation of a client by an employee or contractor, the Executive Director will be immediately notified in order to expedite the notification of appropriate State and Local Authorities including the referring agency, physician, and will also include the Division of MH/DD/SAS, local Department of Social Services, Division of Health Service Regulation, and Health Care Personnel Registry.

6. It is the expectation of The Enola Group and its management that should there be a question about whether to complete The Enola Group Accident and Incident Report form, the employee should err on the side of caution, or contact their immediate supervisor for instruction.

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 Enola Group becoming aware of the allegation. The results of the investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).

Through the Health Care Personnel Registry, the facility 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:

a. Neglect or abuse of a client in a health care facility or a person to whom home care service being provided.
b. Misappropriation of the property of a client in a health care facility, including places where home care services are being provided.
c. Misappropriation of the property of a health care facility.
d. Diversion of drugs belonging to a health care facility.
e. Diversion of drugs belonging to a client of a health care facility.
f. Fraud against a facility.
g. Fraud against a 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 clients 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.

LEVELS OF INCIDENTS

LEVEL I – Level I incidents are defined as an incident that does not meet the requirements to be classified as a Level II or Level III incident. Level I incidents are reported to host LME/MCO on a quarterly basis or as requested. Level I incidents include the following: Standard Incident form

A. Any planned restrictive intervention administered appropriately without adverse effects
B. Any consumer injury that requires only first aid, as defined by OSHA guidelines
C. Any medication error that does not threaten the client's health or safety
D. Any suicidal threat or verbalization that indicates new, different or increased behavior
E. Any inappropriate sexual behavior that does not involve a report to law enforcement or complaint to an oversight agency
F. Any aggressive or destructive act that does not involve a report to law enforcement or complaint to an oversight agency
G. Any consumer absence of 0-3 hours over the time specified in the service plan, if police contact is not required
H. Violation of Confidentiality of client
I. Search and Seizure of the person or their living area
J. Suspension for less than one day for client misconduct
K. Any fire with no threat to the health or safety of client or others

LEVEL II – Level II incidents are defined as any incident which involves a consumer death due to natural causes or terminal illness, or results in a threat to a client's health or safety or a threat to the health and safety of others due to client behavior. Level II incidents are to be reported to LME/MCO within 72 hours of the incident and to law enforcement agencies as needed. Incident form- DHHS incident form

Level II incidents include:

A. Consumer death due to terminal illness or other natural cause
B. Any emergency or unplanned use of a restrictive intervention
C. Any planned use of a restrictive intervention that exceeds authorized limits, is administered by an unauthorized person or results in discomfort or complaint, or requires treatment by a licensed health professional
D. Any planned use of a restrictive intervention that exceeds authorized limits, is administered by an unauthorized person or results in discomfort or complaint, or requires treatment by a licensed health professional
E. Any injury that requires treatment by a licensed health professional (such as MD, RN, or LPN) beyond first aid, as defined in OSHA guidelines
F. Any allegation of abuse, neglect, or exploitation of a consumer by staff, caretaker, friend, relative, or stranger. This includes domestic violence.
G. Any medication error that threatens the client's health or safety as determined by the physician or pharmacist notified of the error
H. Hazardous environmental exposure to a client
I. Any suicidal behavior that does not result in death or permanent physical or psychological impairment
J. Any sexual behavior that involves a potentially serious threat to the health or safety of self or others or involves a report to law enforcement or complaint to an oversight agency (ex: unwanted touching, kissing, physically injurious masturbation)
K. Any aggressive or destructive act or illegal behavior that involves a report to law enforcement or complaint to an oversight agency, or a potentially serious threat to the health or safety of self or others
L. Any absence greater than 3 hours over the time specified in the individual's service plan or absence that requires police contact
M. Any provider withdrawal of services (suspension) for one day or more for client misconduct
N. Any permanent provider withdrawal of services (expulsion) due to client misconduct
O. Any fires that threaten the health or safety of client or others
P. Any injury that requires treatment by a licensed health professional (such as MD, RN, or LPN) beyond first aid, as defined in OSHA guidelines
Q. Any allegation of abuse, neglect, or exploitation of a consumer by staff, caretaker, friend, relative, or stranger. This includes domestic violence.
R. Any medication error that threatens the client's health or safety as determined by the physician or pharmacist notified of the error
S. Hazardous environmental exposure to a client
T. Any suicidal behavior that does not result in death or permanent physical or psychological impairment
U. Any sexual behavior that involves a potentially serious threat to the health or safety of self or others or involves a report to law enforcement or complaint to an oversight agency (ex: unwanted touching, kissing, physically injurious masturbation)
V. Any aggressive or destructive act or illegal behavior that involves a report to law enforcement or complaint to an oversight agency, or a potentially serious threat to the health or safety of

self or others

W. Any absence greater than 3 hours over the time specified in the individual's service plan or absence that requires police contact

X. Any provider withdrawal of services (suspension) for one day or more for client misconduct

Y. Any permanent provider withdrawal of services (expulsion) due to client misconduct

LEVEL III – Level III incidents are defined as any incident that results in a death, sexual assault, abuse, neglect or exploitation, or permanent physical or psychological impairment to a client; a substantial risk of death or permanent physical or psychological impairment caused by a client; or threat to a person's safety caused by a client. Complete a DHHS Incident Form
Level III Incidents include:

a. Consumer death due to suicide, violence, homicide, accident, unknown cause, or any death occurring within 7 days of seclusion or restraint
b. Any restrictive intervention that results in death or permanent physical or psychological impairment, or if the incident is perceived to be a significant danger to or concern of the community
c. Any injury that results in death or permanent physical or psychological impairment
d. Any allegation of abuse, neglect or exploitation of the client that involves arrest, permanent physical or psychological impairment or death. (Note: any sexual activity perpetrated by a staff/caretaker or other adult (or by an older or bigger child (under 17)) upon a child or an incompetent adult is illegal.) **24 hours to report incident**
e. Any medication error that results in death or permanent physical or psychological impairment
f. Any suicidal behavior that results in death or permanent physical or psychological impairment
g. Any sexual behavior that results in death permanent physical or psychological impairment, arrest of the client, or public scrutiny
h. Any client act that results in death, permanent physical or psychological impairment
i. Amber Alerts or Silver Alerts
j. Any fire that results in death or permanent physical or psychological impairment or public scrutiny

In the event of any of the above incidents, the following must occur:

1. Secure the client's safety immediately
2. Administer CPR or First Aid if the situation warrants and the employee is currently trained to perform these procedures
3. If necessary, arrange to call 911 or the local EMS
4. Verbally notify supervisor immediately

Level III Incident Reporting - Level III incidents will be reported to law enforcement agencies as necessary, LME/MCOs, other referring agencies, Host DSS (if appropriate), IRIS reporting system (htts://iris.ncdhhs.gov, the consumer's legally responsible person, and DMH (see below for specifics). Level III incidents will be reported verbally within 24 hours to all parties. Upon notification of a Level III, staff will immediately copy and secure the client record. The QP will make a copy of the client file (1 year) and certify the copy for completeness before handing it off for the internal review team composed of persons not involved in the incident.

Timeframe to Report:

1. Abuse, Neglect, Exploitation must be reported within **24 hours** of incident. Report made to Police, Host DSS, LME, Guardian, IRIS, HCPR if necessary, other reporting agencies. Internal team review, using copy of client file.

2. Death from homicide, violence, accident or suicide must be reported to the host LME/MCO, client's home LME/MCO, and DMH/DD/SAS Quality Management Team within **72 hours**. If **an AFL home licensed under G.S. 122-C**, written notice must be reported to DHSR Complaint Intake Unit within 72 hours.
3. Deaths within 7 days of restraint or seclusion must be reported immediately to DMH/DD/SAS Quality Management Team. If **an AFL home licensed under G.S. 122-C**, must be reported to DHSR Complaint Intake Unit immediately. All reports must be mailed to the address listed

DMH/DD/SAS Quality Management Team
3004 Mail Service Center
Raleigh, NC 27699-3004
Fax: (919) 715-3604
Voice: (919) 733-0696

DHSR Complaint Intake Unit
2711 Mail Service Center
Raleigh, NC 27699-2711
Fax: (919) 715-7724
Voice: (919) 733-8499 or (800) 624-3004

I. The Division of MH/DD/SAS upon request may obtain copies of death certificates, autopsy reports and reports by other authorities.

J. In the event of a Level III incident, the Executive Director will be immediately notified in order to expedite the notification of appropriate State and Local Authorities including the referring agency, medical examiners, and will also include the Division of MH/DD/SAS, local Department of Social Services, Division of Health Service Regulation, and Health Care Personnel Registry.

K. In deaths not under the jurisdiction of the medical examiner, the agency shall notify the decedent's next-of-kin, or other individual authorized according to G.S. 130A-398, that an autopsy may be requested.

L. Within 24 hours following a Level III incident a review committee will convene if the client was receiving a service at the time the incident occurred or if the incident occurred on the provider's premises. This team is comprised of the Executive Director, Program Director and other appropriate administrative and management staff as deemed necessary per the nature of the incident. This team is responsible for reviewing a copy of the client's record, gathering other documentation or relevant information to the incident, and issuing a report summarizing the details of the incident to the client's home LME/MCO, other state agencies, and appropriate

internal staff within **5 days working days of the incident.** This report will detail the steps taken which ensured that the health and safety of the affected parties was immediately protected.

M. A final written report signed by the Executive Director will occur within **3 months of the incident and** sent to the LME. The final report will cite recommendations to decrease the potential incidents from occurring along with any documentation from public agencies which may have been involved with the incident.
If all documentation needed from outside agencies are not available at the time of the final written report due date, LME may give the provider an extension of up to 3 months to submit the final report. Should this occur, the QP should notify the provider agency, the Department, guardian, and other authorities

N. Intervention Advisory committee: See Client Rights Committee Policy for additional information.

Contact Information:

Partners Behavior Management - Incident Reporting: 704-884-2698 iris@partnersbhm.org

- **Requires a verbal report for Level II, Level III incidents**

Vaya Health- Incident Reporting 828-398-4407 (fax) Level II, Level III
Questions: incident report @vayahealth.com
NC DHHS: Incident Response Improvement System (IRIS) ncdhhs gov/iris Level II, Level III
Burke Co DSS: APS- 828-764-9600
Burke Co Sheriff: (828) 874-3400
Caldwell Co DSS: 828-426-8200
Caldwell Co Sheriff: 828-758-2324

*Vaya and Partners has obtained a waiver of Rule 10A NCAC 27G.0604€ from NCDHHS . The approved request waives the requirement for providers to submit quarterly incident reports . Effective July 2015 through June 30, 2028, the LME's will not require Quarterly Submissions but incident reports must remain onsite and be made available upon request.

The Enola Group
Adult Services

September 25, 2025

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Plan of Correction
Signature Day/The Enola Group
540-A East Union St, Morganton NC 28655

Deficiencies cited:

V 318 3O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL.

V 366 27G.0603 Incident Response Requirements 10A NCAC 27G. 0603 Incidents response requirements

V 367 27G .0604 Incident Reporting Requirements

Plan of Correction:
Measures put in place to correct the deficiency in V 318 30 .0102, V366, and V367

Change in policy 340 procedures:

- Level II- added the specific form required for submission at the end of level II definition: DHHS incident form
- Level III- added "Complete a DHHS Incident Form" at end of Level III definition
- Added "a report of the incident must be made within 24 hours of the incident" at the end of item d. in procedures
- In section Levell III Incident Reporting- added detailed information about reporting timeframe and required agencies to be notified.

In Timeframe to report:

- Added an additional step, listed as number 1. which states:

1. Abuse, Neglect, Exploitation must be reported with 24 hours of incident. Report made to police, Host DSS LME, Guardian, IRIS, HCPR if necessary, other reporting agencies. Conduct an internal team review, using copy of client file.

Added section containing contact information for all agencies that reports must be sent to:
Contact information:
Partners Behavior Management- Incident reporting: 704-884-2698 iris@partnersbhm.org

- **Requires a verbal report for Level II, Level III incidents**

Vaya Health- Incident Reporting 828-398-4407 (fax) Level II, Level III
Questions: incident report
NC DHHS: Incident Response Improvement System (IRIS) ncdhhs.gov/iris Level II, Level III
Burke Co DSS: APS-8280764-9600
Burke Co Sheriff: 828-874-3400
Caldwell Co DSS: 828-426-8200
Caldwell co Sheriff: 828-758-2324

*Vaya and Parnters has obtained a waiver of Rule 10A NCAC 27G.0604 from NCDHHS. The approved request waives the requirement for providers to submit quarterly incident reports. Effective July 2015 through June 30, 2028, the LME's will not require Quarterly Submissions but incident reports must remain on site and be made available upon request.

Measures to prevent the problem from occurring again: When incidents occur, responsible staff members will immediately refer to policy 340 and follow steps outlined immediately
The Program Director and Executive Director will monitor the situation to ensure all policies and procedures are followed.
Monitoring will occur whenever an incident occurs.

Kim Curtis, BHP
Adult Services director

The Enola Group

Signature Programs
P.O. Box 250 • 504 A East Union • Morganton, NC 28680-0250
Phone: 828-604-4906 • Fax: 828-433-5520 • www.EnolaGroup.org