

V107	27G .0202 (A-E) Personnel Requirements
Element	Action
<p><b>1. Measures to Correct the Action</b> (<i>Immediate, retrospective steps to fix the specific errors</i>)</p>	<p><b>Immediate Documentation Creation:</b> The Director will immediately create a comprehensive job description for Staff #1's position, ensuring it specifies minimum qualifications, duties, and responsibilities per Rule .0202(a). <b>Immediate Filing:</b> The Director will meet with Staff #1 to jointly sign and date the new job description. The Director will also confirm and document Staff #1's <b>date of hire</b>. All missing documentation will be immediately filed in Staff #1's personnel record. <b>Record Audit:</b> The Director will conduct a <b>100% audit</b> of the personnel files for all current staff members to identify and correct any other missing required documentation (e.g., training records, criminal background disclosures, verification of education/licensure).</p>
<p><b>2. Measures to Prevent Recurrence</b> (<i>Systemic, forward-looking changes to policy/procedure/training</i>)</p>	<p><b>Hiring Checklist Implementation:</b> A <b>Mandatory New Hire Onboarding Checklist</b> will be created and used for every new employee. This checklist will list every required document (including the signed job description and date of hire) and must be initialed and dated by the Director upon completion. <b>New Policy:</b> Update the Personnel Policy to mandate that <b>no new employee may begin providing client care</b> until the onboarding checklist is 100% complete and verified by the Director. <b>Responsibility Reassignment:</b> The responsibility for maintaining complete and current personnel records is officially transferred from the <i>former</i></p>

<b>V107</b>	<b>27G .0202 (A-E) Personnel Requirements</b>
<b>Element</b>	<b>Action</b>
	Qualified Professional to the <b>Director</b> exclusively.
<b>3. Who Will Monitor the Situation</b> <i>(The individual responsible for oversight)</i>	<b>Responsible Party: The Director/Co-Licensee.</b>
<b>4. Monitoring Frequency</b> <i>(How often the monitoring will occur to ensure sustained compliance)</i>	<b>Initial Phase (90 days):</b> The Director will review the file of any new hire using the New Hire Onboarding Checklist <b>before</b> the staff member's first shift. The Director will also audit <b>100% of all staff files</b> using the Rule .0202 checklist <b>monthly</b> for three months. <b>Ongoing Phase (After 90 days):</b> The Director will audit <b>100% of new staff files</b> before the start date and will perform a <b>quarterly audit</b> (once every three months) of all active personnel files to ensure ongoing compliance, documenting the audit date and findings on a Personnel File Log.

Resolution:

The immediate correction requires the Director to create, sign, and file a comprehensive job description for Staff #1, document their date of hire, and conduct a 100% audit of all existing staff personnel files to correct any other missing documentation. To prevent recurrence, the Director will implement a mandatory New Hire Onboarding Checklist that must be completed and verified before any new staff member begins work, and formally assume sole responsibility for maintaining all personnel records. The Director/Co-Licensee is designated as the sole party responsible for monitoring compliance. Monitoring will include monthly 100% audits of all staff files for 90 days, followed by a quarterly audit of all active files thereafter, ensuring all new hires are verified prior to their start date.

<b>V108</b>	<b>27G .0202 (F-I) Personnel Requirements</b>
<b>Element</b>	<b>Action</b>
<p><b>1. Measures to Correct the Action</b> (<i>Immediate, retrospective steps to fix the specific errors and documentation gaps</i>)</p>	<p><b>Immediate Training:</b> The Director will immediately provide and document the required trainings for Staff #1: General Organizational Orientation, Client Rights/Confidentiality, and MH/DD/SA needs specific to current client treatment/habilitation plans. <b>Documentation Filing:</b> All completed training certificates and sign-in sheets will be immediately filed and retained in Staff #1's personnel record. <b>Record Audit:</b> The Director will conduct a <b>100% audit</b> of all active staff personnel records to confirm that every staff member has documentation for all mandatory initial and ongoing training required by this rule (including First Aid, CPR, and infectious diseases).</p>
<p><b>2. Measures to Prevent Recurrence</b> (<i>Systemic, forward-looking changes to policy/procedure/training</i>)</p>	<p><b>Training Checklist Integration:</b> The <b>Mandatory New Hire Onboarding Checklist</b> (established in response to V 0202(a-e)) will be updated to explicitly include all trainings listed in <b>.0202(g)</b>. No new employee may start until all required initial trainings are complete and documented on this checklist. <b>Training Tracking Log:</b> A centralized <b>Staff Training Compliance Tracker</b> will be established to record the due dates for all recurring training (e.g., annual client rights, continuing education). <b>Accountability:</b> The responsibility for <i>scheduling, delivering/arranging, and documenting</i> all staff</p>

<b>V108</b>	<b>27G .0202 (F-I) Personnel Requirements</b>
<b>Element</b>	<b>Action</b>
	training is permanently assigned to the <b>Director.</b>
<b>3. Who Will Monitor the Situation</b> <i>(The individual responsible for oversight)</i>	<b>Responsible Party: The Director/Co-Licensee.</b>
<b>4. Monitoring Frequency</b> <i>(How often the monitoring will occur to ensure sustained compliance)</i>	<b>Initial Phase (90 days):</b> The Director will audit the <b>Staff Training Compliance Tracker</b> and the personnel files of all current staff <b>monthly</b> to ensure all immediate corrective training has been completed and filed. <b>Ongoing Phase (After 90 days):</b> The Director will review the <b>Training Compliance Tracker</b> and all individual training documentation <b>quarterly</b> (every three months). This quarterly review will verify that required annual trainings are scheduled and completed 30 days prior to their expiration date.

**Resolution:**

The immediate correction requires the Director to provide Staff #1 with all missing mandatory trainings (Orientation, Client Rights, MH/DD/SA needs) and file the documentation, followed by a 100% audit of all active staff files to check for other missing training records. To prevent recurrence, the Director will update the New Hire Onboarding Checklist to include all mandatory training requirements and establish a centralized Staff Training Compliance Tracker. The Director/Co-Licensee is permanently assigned full responsibility for training scheduling and documentation oversight. Monitoring will involve monthly audits of the Tracker and files for 90 days, followed by quarterly reviews to verify all annual trainings are scheduled and completed 30 days before expiration.

V113	27G .0206 Client Records
Element	Action
<p><b>1. Measures to Correct the Action</b> (<i>Immediate, retrospective steps to fix the specific errors and documentation gaps</i>)</p>	<p><b>Immediate Record Completion:</b> The Qualified Professional (QP) will immediately conduct and document <b>new and complete</b> Identification Face Sheets, screenings, assessments, and current treatment/habilitation plans for Clients #1, #2, and #3, ensuring all required elements (G.S. 130A-143, DSM IV codes, emergency consent, current admission date, etc.) are included and are specific to the <b>current facility</b>. <b>Emergency Consent:</b> The QP will immediately obtain a signed statement from Client #2 or their legally responsible person granting permission for emergency care. <b>Director Audit:</b> The Director will conduct a <b>100% audit</b> of these three completed records to verify all required sections are present and dated correctly.</p>
<p><b>2. Measures to Prevent Recurrence</b> (<i>Systemic, forward-looking changes to policy/procedure/training</i>)</p>	<p><b>Client Transfer Policy:</b> A new policy, "<b>Client Transfer Documentation Protocol</b>," will be established. It mandates that when a client transfers from <b>any other facility (including a sister facility)</b>, all core documentation (.0206(a)(1-5)) must be <b>re-completed</b> and filed <b>within 72 hours of admission</b> to reflect the current facility, staff, and admission date. <b>Record Audit Checklist:</b> A <b>Client Record Minimum Requirements Checklist</b> will be created based on Rule .0206(a). This checklist must be completed and signed by the QP and counter-signed by the Director upon <b>every new</b></p>

<b>V113</b>	<b>27G .0206 Client Records</b>
<b>Element</b>	<b>Action</b>
	<b>admission</b> and reviewed at least <b>quarterly</b> thereafter.
<b>3. Who Will Monitor the Situation</b> <i>(The individual responsible for oversight)</i>	<b>Responsible Party:</b> The <b>Qualified Professional (QP)</b> (for timely initial completion) and the <b>Director/Co-Licensee</b> (for ongoing compliance and quarterly verification).
<b>4. Monitoring Frequency</b> <i>(How often the monitoring will occur to ensure sustained compliance)</i>	<b>Initial Phase (90 days):</b> The Director will perform a <b>100% audit</b> of all active client records <b>monthly</b> for three months, utilizing the new <b>Client Record Minimum Requirements Checklist</b> . <b>Ongoing Phase (After 90 days):</b> The QP will complete the checklist upon <b>any new admission</b> and the Director will use the checklist to conduct a <b>quarterly audit</b> (once every three months) of all active client records to ensure all documentation remains current and specific to the facility.

**Resolution:**

The immediate corrective action requires the Qualified Professional (QP) to generate all new, complete admission records, assessments, and current treatment plans for the three affected clients, ensuring emergency consent is obtained for Client #2. To prevent recurrence, the facility will implement a Client Transfer Documentation Protocol mandating that core documents be re-completed within 72 hours of admission from any facility, alongside a new Client Record Minimum Requirements Checklist. Monitoring responsibility is shared between the QP for timely completion and the Director/Co-Licensee for ongoing verification. The Director will conduct a 100% audit of all client records monthly for 90 days, followed by a quarterly audit utilizing the new checklist to ensure sustained compliance.

V114	27G .0207 Emergency Plans and Supplies
Element	Action
<p><b>1. Measures to Correct the Action</b> (<i>Immediate, retrospective steps to fix the specific errors and knowledge gaps</i>)</p>	<p><b>Immediate Make-up Drills:</b> The Director will immediately mandate that every staff shift (Day, Evening, Night/Weekend) conducts and documents <b>one make-up fire drill and one make-up disaster drill</b> within <b>seven days</b>. These drills must simulate actual emergencies (e.g., blocked exit, using alternate routes, no advanced notice) and include the required time of day. <b>Staff Training:</b> All staff will receive immediate, mandatory retraining on the <b>Emergency Drill Policy</b>, emphasizing the requirement for <b>quarterly drills for each shift</b> (Day, Evening, Night/Weekend), the proper use of the drill log (including the <b>time of the drill</b>), and the need for realistic simulation.</p>
<p><b>2. Measures to Prevent Recurrence</b> (<i>Systemic, forward-looking changes to policy/procedure/training</i>)</p>	<p><b>New Policy/Tool: A Mandatory Quarterly Drill Schedule and Log</b> will be implemented. This log will be pre-filled with the four required quarters and list a dedicated section for each shift (Shift 1, Shift 2, Night/Weekend) for both Fire and Disaster drills. <b>Accountability:</b> The responsibility for ensuring the drill log is completed <b>correctly and fully</b> (including time, date, and staff initials) will be assigned to the <b>on-duty staff supervisor</b>, who must report completion to the Director weekly. The Director must verify that at least one fire and one disaster drill are scheduled and completed for each of the facility's three shifts every quarter.</p>

<b>V114</b>	<b>27G .0207 Emergency Plans and Supplies</b>
<b>Element</b>	<b>Action</b>
<b>3. Who Will Monitor the Situation</b> <i>(The individual responsible for oversight)</i>	<b>Responsible Party: The Director/Co-Licensee.</b>
<b>4. Monitoring Frequency</b> <i>(How often the monitoring will occur to ensure sustained compliance)</i>	<b>Initial Phase (90 days):</b> The Director will review the <b>Quarterly Drill Schedule and Log weekly every Monday</b> to ensure all required drills for the preceding week were completed by the assigned shift staff and documented completely. <b>Ongoing Phase (After 90 days):</b> The Director will review the log <b>monthly</b> . Additionally, the Director will audit the entire log <b>at the end of every quarter</b> (March 31, June 30, Sept 30, Dec 31) to confirm 100% compliance across all shifts for the full quarter.

**Resolution:**

The immediate corrective action requires the Director to mandate that every staff shift conduct and document a make-up fire and disaster drill within seven days, ensuring realistic simulation and accurate time recording; all staff must receive retraining on the quarterly, per-shift requirements. To prevent recurrence, a new Mandatory Quarterly Drill Schedule and Log will be implemented, with responsibility for full and correct log completion assigned to the on-duty staff supervisor. The Director/Co-Licensee is designated as the primary party responsible for monitoring this process. Monitoring will involve the Director conducting weekly reviews of the drill log for 90 days, followed by monthly reviews and a full audit at the end of every quarter to confirm 100% compliance across all shifts.

V118	27G .0209 (C) Medication Requirements
Element	Action
<p><b>1. Measures to Correct the Action</b> (<i>Immediate, retrospective steps to fix the specific errors and documentation gaps</i>)</p>	<p><b>Immediate Order Retrieval:</b> The Interim Qualified Professional (IQP) and Director will prioritize obtaining written physician's orders for <b>all medications</b> currently being administered to Clients #1 and #3. The Director will immediately contact the dispensing pharmacy and the prescribing physician's offices to secure electronic or faxed copies of the current orders <b>within 48 hours</b>.</p> <p><b>Documentation &amp; Safety:</b> All retrieved orders will be immediately filed in the client records. The IQP will conduct a 100% MAR-to-Order cross-check for all medications administered to Clients #1 and #3 from August 2025 through October 2025 to verify that administration was consistent with the newly retrieved orders.</p>
<p><b>2. Measures to Prevent Recurrence</b> (<i>Systemic, forward-looking changes to policy/procedure/training</i>)</p>	<p><b>New Policy/System:</b> Implement a "<b>No Order, No Administer</b>" Policy that mandates staff must visually confirm the written physician's order is in the record <i>before</i> administering the medication. <b>Mandatory Documentation Protocol:</b> Update the policy to require that <b>new physician's orders (or FL-2s)</b> received by the facility must be counter-signed by the on-site supervisor and filed in the client record <b>within two hours of receipt</b> from the pharmacy/physician. <b>Record Retrieval Plan:</b> Develop a formal, documented plan to retrieve all outstanding client books and documents</p>

V118	<b>27G .0209 (C) Medication Requirements</b>
<b>Element</b>	<b>Action</b>
	from the former QP, including legal steps if necessary.
<b>3. Who Will Monitor the Situation</b> <i>(The individual responsible for oversight)</i>	<b>Responsible Party:</b> The <b>Director/Co-Licensee</b> (for overall system integrity and retrieval efforts) and the <b>Interim Qualified Professional (IQP)</b> (for daily compliance).
<b>4. Monitoring Frequency</b> <i>(How often the monitoring will occur to ensure sustained compliance)</i>	<b>Initial Phase (90 days):</b> The IQP will conduct a <b>daily 100% audit</b> of all new physician's orders received to ensure filing compliance. The Director will conduct a <b>weekly audit</b> of 100% of all client records, verifying that every medication listed on the MAR has a corresponding current written order physically present. <b>Ongoing Phase (After 90 days):</b> The Director will conduct a <b>monthly audit</b> of all active client records, performing a random 50% MAR-to-Order cross-check to verify the presence of documentation before administration.

**Resolution:**

The immediate corrective action requires the Director and IQP to contact the pharmacy and prescribing physicians to obtain and file written orders for all medications administered to Clients #1 and #3 within 48 hours, then perform a cross-check verification. To prevent recurrence, the facility will implement a strict "No Order, No Administer" Policy and a Mandatory Documentation Protocol requiring new orders to be filed within two hours of receipt. The Director/Co-Licensee and Interim Qualified Professional (IQP) share monitoring responsibility. Monitoring will involve the Director conducting a weekly 100% audit of all client records for 90 days, followed by a monthly random MAR-to-Order cross-check to ensure continued documentation compliance.

V366	27G .0603 Incident Response Requirements
Element	Action
<p><b>1. Measures to Correct the Action</b>  <i>(Immediate, retrospective steps to fix the specific errors and documentation gaps)</i></p>	<p><b>Immediate Reporting &amp; Follow-up:</b> The Director will immediately submit the Level II incident report for the 9/10/25 event involving Client #2 to the Incident Response Improvement System (IRIS). <b>Mandated Review:</b> Following the report submission, the Director will immediately complete all required follow-up documentation for that specific incident, including: determining the cause (missed former provider), developing corrective measures (e.g., enhanced staff presence), developing preventative measures (e.g., specific therapeutic intervention), and assigning responsibility for implementation (e.g., Interim QP). <b>Staff Training:</b> Staff #1 and the IQP will receive immediate retraining on the definition of a Level II incident (specifically, law enforcement contact) and the mandatory reporting timeline to prevent recurrence.</p>
<p><b>2. Measures to Prevent Recurrence</b> <i>(Systemic, forward-looking changes to policy/procedure/training)</i></p>	<p><b>New Policy/Tool:</b> Implement a mandatory, centralized <b>Incident Reporting Log</b> maintained by the Director. This log will track all potential Level II/III events from the time of occurrence to final IRIS submission and follow-up completion. <b>Accountability:</b> The responsibility for ensuring all Level II/III incidents are reported to IRIS and that the subsequent corrective/preventative measures are documented and implemented is permanently transferred to the <b>Director</b>. <b>Drill:</b> Conduct a simulated incident drill focused on recognizing a Level II event (Law Enforcement contact) and the immediate steps for staff to report it to the Director.</p>

<b>V366</b>	<b>27G .0603 Incident Response Requirements</b>
<b>Element</b>	<b>Action</b>
<b>3. Who Will Monitor the Situation</b> <i>(The individual responsible for oversight)</i>	<b>Responsible Party: The Director/Co-Licensee.</b>
<b>4. Monitoring Frequency</b> <i>(How often the monitoring will occur to ensure sustained compliance)</i>	<b>Initial Phase (90 days - Due to Re-cite):</b> The Director will review the <b>Incident Reporting Log weekly</b> to ensure that any potential Level II/III events from the preceding week were correctly identified, reported to IRIS, and that the follow-up plan was initiated within the 45-day deadline. <b>Ongoing Phase (After 90 days):</b> The Director will review the log <b>monthly</b> and audit the completed follow-up documentation for any closed incidents <b>quarterly</b> to ensure the corrective and preventative measures were fully implemented and sustained.

Resolution:

The immediate correction requires the Director to submit the Level II incident report to IRIS and complete all follow-up documentation (cause, corrective, and preventative actions) for the 9/10/25 event, alongside retraining staff on the Level II definition. To prevent recurrence, a mandatory, centralized Incident Reporting Log will be implemented by the Director, who is permanently assigned sole accountability for ensuring timely reporting and follow-up plan implementation. The Director/Co-Licensee is the responsible party for monitoring the situation. Monitoring will involve the Director reviewing the reporting log weekly for 90 days due to the re-citation, followed by monthly reviews and quarterly audits of all completed follow-up documentation.

V367	27G .0604 Incident Reporting Requirements
Element	Action
<p><b>1. Measures to Correct the Action</b> <i>(Immediate, retrospective steps to fix the specific error)</i></p>	<p><b>Immediate LME Reporting:</b> The Director will immediately submit the Level II incident report for the 9/10/25 event involving Client #2 to the LME via the Incident Response Improvement System (IRIS), ensuring all required information is complete and accurate. <b>Staff Retraining &amp; Definition Review:</b> All staff (including the Director and IQP) will undergo immediate, mandatory retraining focused on the <b>72-hour reporting deadline</b> for all Level II incidents (specifically, the involvement of law enforcement or crisis workers). <b>IRIS Access &amp; Authority:</b> The Director will confirm their own direct, reliable access to the IRIS system and establish a clear, documented chain of command for incident reporting <b>only</b> through the Director's office.</p>
<p><b>2. Measures to Prevent Recurrence</b> <i>(Systemic, forward-looking changes to policy/procedure/training)</i></p>	<p><b>New Policy:</b> Implement a strict "<b>1-Hour Incident Alert Protocol.</b>" This policy requires the on-duty staff to notify the Director or designated supervisor by phone immediately, but <b>no later than one hour</b> after a Level II incident occurs. <b>New Policy/Tool:</b> The facility will adopt a <b>72-Hour IRIS Reporting Tracker.</b> This centralized log will be initiated upon the Director's receipt of the 1-Hour Alert and must track the incident, the 72-hour reporting deadline, and the date/time of LME submission. <b>Accountability:</b> The responsibility for ensuring LME reporting via IRIS is completed within 72 hours is permanently assigned solely to the <b>Director.</b></p>
<p><b>3. Who Will Monitor the Situation</b> <i>(The individual responsible for oversight)</i></p>	<p><b>Responsible Party:</b> The <b>Director/Co-Licensee.</b></p>

<b>V367</b>	<b>27G .0604 Incident Reporting Requirements</b>
<b>Element</b>	<b>Action</b>
<p><b>4. Monitoring Frequency</b> (<i>How often the monitoring will occur to ensure sustained compliance</i>)</p>	<p><b>Initial Phase (90 days - Due to Re-cite):</b> The Director will review the <b>72-Hour IRIS Reporting Tracker weekly</b> to confirm the reporting protocol is being followed and to verify that all necessary Level II incidents are submitted to the LME within 72 hours.</p> <p><b>Ongoing Phase (After 90 days):</b> The Director will audit the IRIS Reporting Tracker <b>monthly</b> and physically verify the final submission dates of all Level II incidents <b>quarterly</b> to ensure the 72-hour deadline is consistently met.</p>

**Resolution:**

The immediate corrective action requires the Director to submit the outstanding Level II incident report to IRIS and retrain all staff on the mandatory 72-hour reporting deadline. To prevent recurrence, the facility will implement a strict "1-Hour Incident Alert Protocol" and a 72-Hour IRIS Reporting Tracker to monitor timelines, with the Director permanently assuming sole responsibility for reporting. The Director/Co-Licensee is the responsible party for monitoring this process. Monitoring will involve the Director conducting weekly reviews of the reporting tracker for 90 days due to the re-citation, followed by monthly reviews and quarterly physical verifications of all Level II submission deadlines.