

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-292	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2025
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NAME OF PROVIDER OR SUPPLIER TRIUMPHANT HOMES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 911 NORTH JOHN STREET GOLDSBORO, NC 27530
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on November 20, 2025. The complaints were substantiated (intake #NC00234617). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 4. They survey sample consisted of audits of 4 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to develop and implement a goal and strategies to meet the needs of one of four audited current clients (#3). The findings are:</p> <p>Review on 11/19/25 of client #3's record revealed: -14 year old male. -Admitted on 6/17/25. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder and Attention Deficit Hyperactivity Disorder. -Comprehensive Clinical Assessment dated 5/29/25 revealed..."aggressive and defiant behaviors ...Recent concerning behaviors prompting the recommendation for transition include: running out of the house without permission, inappropriately touching staff and peers, bullying other clients, consistent non-compliance with program rules, destruction of property ...Additionally, there are increasing safety concerns due to Elijah engaging in self-harming behaviors such as banging his head on the wall, verbalizing suicidal ideation, and exhibiting unpredictable and aggressive behaviors ..." -Treatment Plan dated 6/16/25 revealed no goals or strategies to boundaries for client #3.</p>	V 112		

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V 112	Continued From page 2 Review on 11/19/25 of the facility's "Accident Incident Report Form" dated 11/7/25 revealed: -Date of Incident: 11/7/25 -Time: 4:30pm -Describe the Incident: Consumer witness [client #3] in the closet with [client #4]. Owner/Administrator (Licensee) was on the premises when this incident occurred. Administrator talked to both consumers and [client #4] admitted to [client #3] being on top of him. [Client #3] also admitted to being the aggressor and acknowledged his wrong doing. [Client #3] was confined to his room for the rest of the day." Interview on 11/19/25 client #3 stated: -He lived a the facility for a "few months." -His goals were to "do good so i can go home, listen on the first prompt, use coping skills, get better with boundaries, being respectful and follow directions, no horseplaying." Interview on 11/19/25 and 11/20/25 the Qualified Professional/Licensee stated: -She was responsible for the treatment plans. -Client #3 was found in the closet with a peer. -Client #3's legal guardian representative informed her about two months ago another child at a previous facility made an allegation of "something sexual" against client #3. -Client #3 did not have a goal for boundaries or sexual behaviors. -"He likes to hug me" and called her "mom" -She told the staff to "make sure they keep a close eye on all the clients especially [client #4] and [client #3]."	V 112		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection	V 132		

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V 132	<p>Continued From page 3</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ul style="list-style-type: none"> a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was notified of all allegations against health care personnel. The findings are:</p>	V 132		
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V 132	<p>Continued From page 4</p> <p>Review on 11/19/25 of former client (FC) #6's record revealed: -16 year old male. -Admitted 9/2/25. -Discharge 10/14/25. -Diagnoses included Attention Deficit Hyperactivity Disorder- Combined presentation, Oppositional Defiant Disorder, Bipolar I Disorder.</p> <p>Review on 11/20/25 of the Home Manager/Licensee's personnel record revealed: -Hire Date: 5/5/24. -Job: Paraprofessional.</p> <p>Review on 11/19/25 of the facility's records revealed: -No documentation of a report made to the HCPR for an allegation of abuse against the Home Manager/Licensee.</p> <p>Interview on 11/19/25 and 11/20/25 the Home Manager/Licensee stated: -He learned about the allegation of abuse against him when Child Protective Services (CPS) visited the home. -CPS informed the Qualified Professional/Licensee about the allegation and she informed him.</p> <p>Interview on 11/19/25 and 11/20/25 the Qualified Professional/Licensee stated: -FC #6 had on ongoing CPS investigation and alleged the Home Manager/Licensee "beat him up." -She learned about the allegation of abuse against the Home Manager/Licensee on 10/17/25. -She had not reported the allegation of abuse to the HCPR.</p>	V 132		

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V 366	Continued From page 5	V 366		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</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</p>	V 366		

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V 366	<p>Continued From page 6</p> <p>by:</p> <p>(1) immediately securing the client record</p> <p>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, 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</p>	V 366		

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V 366	<p>Continued From page 7</p> <p>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 reviews and interview the facility failed to implement written policies governing their response to III incidents. The findings are:</p> <p>Review on 11/19/25 of former client (FC) #6's record revealed: -16 year old male. -Admitted 9/2/25. -Discharge 10/14/25. -Diagnoses included Attention Deficit Hyperactivity Disorder- Combined presentation, Oppositional Defiant Disorder, Bipolar I Disorder.</p> <p>Review on 11/20/25 of the Home Manager/Licensee's personnel record revealed:</p>	V 366		

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V 366	<p>Continued From page 8</p> <p>-Hire Date: 5/5/24. -Job: Paraprofessional.</p> <p>Review on 11/19/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No documentation of a level III IRIS report had been completed for an allegation of abuse against the Home Manager/Licensee.</p> <p>Interview on 11/20/25 the Legal Department of Social Services Guardian stated: -She had been FC #6's legal guardian at least 1 ½ years. -She was informed when FC #6 was involuntarily committed and that he attempted to fight and spit on the police. -FC #6 had a history of being physically and verbally aggressive, and used his size to intimidate and threaten others. -Staff at the facility had to put FC #6 in a restraint. -She understood and agreed with the decision to involuntarily commit FC #6.</p> <p>Interview on 11/19/25 and 11/20/25 the Home Manager/Licensee stated: -He learned about the allegation of abuse against him when Child Protective Services (CPS) visited the home. -CPS informed the Qualified Professional/Licensee about the allegation and she informed him.</p> <p>Interview on 11/19/25 and 11/20/25 the Qualified Professional/Licensee stated: -FC #6 had on ongoing CPS investigation and alleged the Home Manager/Licensee "beat him up." -She learned about the allegation of abuse against the Home Manager/Licensee on</p>	V 366		

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V 366	Continued From page 9 10/17/25. -She had not completed an IRIS report for the allegation of abuse against the Home Manager/Licensee.	V 366		