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	MHL034-408	A. BUILDING: _____ B. WING _____	11/17/2025

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TRIANGLE RESIDENTIAL OPTIONS FOR SUBSTANCE	1931 UNION CROSS ROAD BLDG 200, 300, 400 AND 500 WINSTON SALEM, NC 27107

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V 000	INITIAL COMMENTS An annual survey was completed on 11/17/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .4300 Therapeutic Community. This facility is licensed for 200 and has a current census of 73. The survey sample consisted of audits of 7 current clients. This survey was origonally closed on 10/16/25 but was reopened on 11/7 /25 due to additional information.	V 000		
V 256	27G .4303 Therapeutic Community - Staff 10A NCAC 27G .4303 STAFF (a) A minimum of one staff member shall be present at all times when an adult or child is on the premises, except when an adult client has been deemed capable of remaining in the facility without supervision for a specified time by a qualified therapeutic community professional. (b) Staff-client ratios in the facilities shall be 1:30 and a minimum of one qualified therapeutic community professional shall be available for each 100 clients in a facility. (c) Each direct care staff member shall receive training in the following areas within 90 days of employment: (1) the history, philosophy and operations of the therapeutic community; (2) manipulative, anti-social and self-defeating behaviors; (3) behavior modification techniques; and (4) in programs which serve as alternatives to incarceration, training shall be received on: (A) personality traits of offenders and	V 256		

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V 256	Continued From page 1 criminogenic behavior; and (B) the criminal justice system. (d) Each direct care staff member shall receive continuing education which shall include understanding the nature of addiction, the withdrawal syndrome, symptoms of secondary complications to substance abuse or drug addiction, HIV/AIDS, sexually-transmitted diseases, and drug screening. (e) In a facility with children and pregnant women, each direct care staff member shall receive training in: (1) developmentally-appropriate child behavior management; (2) signs and symptoms of pre-term labor; (3) signs and symptoms of post-partum depression; (4) therapeutic parenting skills; (5) dynamics and needs of children and adults diagnosed as ADD/ADHD; (6) domestic violence, sexual abuse and sexual assault; (7) pregnancy, delivery and well-child care; and (8) infant feeding, including breast feeding. This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure a minimum of 1 staff member was present at all times when an adult is on the premises, except when an adult client has been deemed capable of remaining in the facility without supervision for a specified time by a qualified therapeutic community professional and failed to ensure a staff-client ratio of 1:30 effecting 73 of 73 clients (Clients #1- #73.) The findings are:	V 256		

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V 256	Continued From page 2 Observation on 11/7/25 at approximately 5:15pm of the facility's client list revealed: -There were thirty-eight clients, and one staff present at the facility. Review on 11/7/25 of the current client census revealed: -There were 73 clients enrolled at the facility. Review on 11/10/25 of the facility's schedule for Sunday to Saturday revealed: -One staff scheduled to work from 7:30am to 3:30pm Monday through Friday. -One staff scheduled to work from 8am to 5pm Monday through Friday. -One staff scheduled to work from 3pm to 12am on Sunday. -Two staff scheduled to work from 3pm to 12am Monday through Thursday. -One staff scheduled to work from 3pm to 12am on Saturday. Review on 11/7/25 of the Division of Health Service Regulation facility's folder revealed: -No current waiver for 10A NCAC 27G .4303 Staff (a). -A waiver approval was approved for August 15, 2023 and expired December 31, 2023. Interview on 10/16/25 with the Division of Health Service Regulation Administrative Office revealed: -No waiver application for 2025 had been reviewed. Interview on 11/7/25 with the Residential House Manager revealed: -He was not aware of the 1:30 staff-client ratio rule. -He had worked at the facility for 2.5 years.	V 256		

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V 256	Continued From page 3 -His shift had been 3pm to 12am, Monday through Friday. -He had worked alone on Fridays for the "past 52 weeks,' with more than 30 clients at the facility. Interview on 11/10/25 with the Senior Residential House Manager revealed: -He was not aware of the 1:30 staff-client ratio rule. -His shift was from 3pm to 12 am, Sunday through Thursday. -"I work by myself Sunday nights" ...."73 clients for about 1.5 years." -"Clients with designated leadership roles" ..."were responsible" for oversight of the 73 clients at the facility when staff were not there. Interview on 11/10/25 with the Director of Compliance revealed: -He was aware that no staff were present from Monday through Sunday at the facility from the hours of 12am to 730am for 73 clients. -Since the facility opened on 3/8/23 no staff were present at the facility from 12am to 730pm.... "that's been our operations, since we have been running ... but under the assumptions we had our waiver." -Had reported only one incident happened during the time no staff were present at the facility on 9/11/25. -He confirmed that waivers for staffing in 2023 expire after one year. -"It is my responsibility to make sure the waiver request were current." Interview on 11/12/25 with client #1 revealed: -He had been at the facility since March of 2023 and was a "senior resident." -He was aware that 1:30 staff-client was not in effect at that overnight.	V 256		

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V 256	Continued From page 4 -There was one incident on 10/25/25 at 1am that involved a fire at one of buildings in the laundry room. -He called the emergency department and helped gather all the clients out of the building. -He had contacted the Residential House Manager that was not scheduled to work until 9am to inform him of the fire at the facility. -"The entire bottom floor was filled with smoke and it took about 2 hours for everyone to get out and for the smoke to get out of the building." Interview on 11/14/25 with client #8 revealed: -The fire incident happened on "10/25/25 around 1am no staff was here." -The smoke had covered the entire bottom floor of the building. -The "senior resident" had called 911 and had "directed us (clients)" to evacuated. Interview on 11/13/25 with the Residential House Manager revealed: -He had received a phone call by a client on 10/25/25 at approximately 1:06am that the smoke alarms had gone off due to smoke in the laundry area. -It took him 11 minutes to get to the facility for this emergency, he was the only staff to arrive. -"When I got here the fire department was here already ...clients helped clients evacuate the building." -It took a few hours for the smoke to clear out of the building. Review on 11/17/25 of the Local Fire Department Report revealed: -Incident occurred on 10/25/25 at 1:03am. -Incident Type "112 Fires in structure other than in a building." -Type of Material First Ignited: "71-Fabric, fiber,	V 256		

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V 256	Continued From page 5	V 256		

cotton, blends, rayon, wool."
-Cause of Ignition: "Failure of equipment or heat source."
-Arrival time: "1:11am, Last Unit Cleared: 2:01am."

Interview attempt on 11/13/25 to interview the local 911 operator in order to obtain a 911 call/log report revealed:
-no return phone call.

Review on 11/17/25 of a Plan of Protection completed by the Chief Program Officer and dated on 11/17/25 revealed:
- "What immediate action will the facility take to ensure the safety of the consumers in your care? We are currently in compliance with 10A NCAC 27G .4303. While we continue to request for our waivers to be approved, we will have a qualified therapeutic community professional (QTCP) to deem our adult clients as capable of remaining in the facility without supervision for a specified time. Any client not meeting that standard would not be admitted into our facility.
When we discovered that NC DHSR (North Carolina Division of Health Service Regulation) had not received and processed our waivers that we submitted in July 2025, we re-submitted them via email and fax to [NC DHSR Mental Health Licensure and Certification (MHL&C)Assistant Section Chief] on 10/17/25. On 10/20/25 [NC DHSR MHL&C Assistant Section Chief] stated that the paperwork was not previously received, but that it is being processed. Since we believed the waivers to be pending approval, we believed that we were in compliance. On 11/7/25 we received notice from [NC DHSR MHL&C Assistant Section Chief] that we would need to be in compliance with the rules that we were requesting our waiver for until other notice. At that

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V 256	Continued From page 6 time we put into place our plan to have a QTCP evaluate and confirm that each of our clients was capable of remaining in the facility without supervision, per .4303(a). All clients were authorized by 11/8/25 and that form was given to [Facility Compliance Consultant I] early last week for review. We will continue to use our QTCPs to evaluate each new client coming into the program. If the QTCP is unable to authorize them to remain in the facility in our peer leadership structure and remain safely on our property, they will not be admitted to our program. Describe your plans to make sure the above happens. Myself (Director of Compliance) and [Chief Program Officer] will continue to evaluate the plan that has been put into place, ensuring that the forms continue to be signed and continue to advocate for our submitted waivers to be approved." This facility served clients with diagnoses of substance abuse disorders. The facility failed to ensure a minimum of one staff member was present at all times and knowingly failed to ensure a staff-client ratio of 1:30 daily from 12am to 7:30am. The facility routinely had no staff present for approximately two years from the hours of 12am to 7:30am and one staff present on Saturday and Sunday for 73 clients. The facility did not staff the facility as required. On 10/25/25, there was an emergency of a fire in the laundry room when there was no staff present. As a result, a client provided directive and contacted the fire department for a safe evacuation during the fire emergency in the staff's absence which required 2 hours to clear the smoke filled area. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 256		

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V 367	Continued From page 7	V 367		
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 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	V 367		

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V 367	Continued From page 8 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; (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	V 367		

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V 367	Continued From page 9 meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure an incident report for a level II or level III incident was completed and submitted within 72 hours as required. The findings are: Review on 11/12/25 of the North Carolina Incident Response Improvement System (NC IRIS) revealed: -No level II incident report was completed for fire incident which involved emergency services response to the facility at services response to the facility on at 1:11am on 10/25/25. -Evacuation of the clients and clearing out smoke of the entire bottom floor of the building took approximately 2 hours. Interview on 11/12/25 with client #1 revealed: -He had been at the facility since March of 2023 and was a senior resident. -He had no concerns of staff not being at the facility overnight. -There was one incident which involved a fire at one of buildings in the laundry room. -He called the emergency services and helped gather all the clients out of the building. -He had contacted the staff that was not scheduled to work until 9am to inform him of the	V 367		

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V 367	Continued From page 10 fire at the facility. Interview on 11/13/25 with Residential Manager I revealed: -Received a phone call at 1:11am on 10/25/25 from senior resident informing him that fire alarm went off. -It took him 11 minutes to get to the facility from his home. -He had completed the facility's internal level one incident report but no IRIS report. Interview on 11/12/25 with the Director of Compliance revealed: -"It was determined it was not a threat at that time," ..."it was a level one (incident report)." -"Was not told it was a fire so it was not entered into IRIS." -No IRIS report was completed.	V 367		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit in areas of the facility where clients	V 752		

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V 752	Continued From page 11 were exposed to hot water. The findings are: Observations on 10/14/25 and 10/15/25 of the facility's kitchen/dining hall building revealed: -The 1st sanitizing dishwashing sink, the hot water temperature was 138 degrees Fahrenheit at 12:07 pm. - Observation on 10/15/25 of the hot water temperature between 9:49 am and 10:05 am revealed: -The 2nd sanitizing dishwashing sink the hot water temperature was 135 degrees Fahrenheit at 10:00 am. -The 3rd sanitizing dishwashing sink the hot water temperature was 135 degrees Fahrenheit at 10:02 am. - Posted sign "CAUTION BURN RISK: WEAR PROTECTIVE GLOVES." Review on 10/13/25 of the facility's wavier information for hot water revealed: -No documentation of a wavier request for Hot Water Temperatures to exceed 116 degrees Fahrenheit was available for review upon request. Review and interview on 10/15/25 of a waiver request and written explanation with the Director of Compliance revealed: -"TROSA (Triangle Residential Options for Substance Abusers, Inc.) is attempting to receive approval for our waiver of hot water temperatures for the kitchen sinks located in its facility located at 1931 Union Cross Rd, Winston-Salem, NC so that our commercial kitchen can continue to operate and safely sanitize dishes at a temperatures consistent with food safely regulations. These approval requests have so far been denied by TROSA Winston-Salem's [Local Management Entity/Managed Care Organization]. As such, our facility faces a conflict of rules in	V 752		

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V 752	Continued From page 12 regard to complying with both Rule 10A NCAC 27G .0304(b)(4) and the North Carolina Food Code 15A NCAC 18A .2600 section 4-501. 111 for hot water temperatures." -The Director of Compliance reported a waiver request for hot water temperatures was mailed to the Division of Health Service Regulation (DHSR) on 7/1/25. -There was no documentation of the hot water temperature waiver request for review. Review 10/16/25 of email sent and reviewed on 10/16/25 from the Administrative Supervisor for the Division of Health Service Regulation (DHSR) revealed: -There was no documentation of a water temperature waiver request from the facility received by DHSR. Interview and observations on 10/15/25 with Clients #1 through #8 who work in the kitchen during their assigned months revealed: -No injuries had occurred due to the hot water temperatures at the sanitizing sinks exceeding 135 degrees Fahrenheit. -Clients were able to adjust the hot water temperatures at the sanitizing sinks. -Clients were able to read signs "CAUTION BURN RISK: WEAR PROTECTIVE GLOVES," at sanitizing sinks. -Clients had followed the safety protocol, which included: wear dishwashing gloves at all times. Read the signs posted in the kitchen "Warning: Burn Risk." First aid kits were placed by each dishwashing sink in the kitchen where water temperatures can exceed 116 degrees Fahrenheit. Interview on 10/14/25 with the Chief Program Officer revealed:	V 752		

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TRIANGLE RESIDENTIAL OPTIONS FOR SUBSTANCE	1931 UNION CROSS ROAD BLDG 200, 300, 400 AND 500 WINSTON SALEM, NC 27107

(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 752	Continued From page 13 -The sanitization sinks in the kitchen were for washing the dishes, "we understand that it is rule conflict, but our folks (clients) have to have sanitized dishes to eat off of." -"I rather they (clients) eat off of clean dishes." Review on 10/16/25 of a Plan of Protection completed by the Chief Program Officer and dated on 10/16/25 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? We will Immediately remind our residents to continue to use the protective measures in place including following the posted safety signs, wearing gloves, and following their safety training. We will continue to ask DHHS (Department of Health and Human Services) to respond to our waiver request. Describe your plans to make sure the above happens. [Chief Program Officer], will meet with all residents at a house meeting to remind them tonight. [Compliance Officer], will follow up with DHHS (Department of Health and Human Services)." This facility served clients with diagnoses of substance abuse disorders. The facility did not have a waiver to allow for hot water temperatures to exceed temperatures of 116 degrees Fahrenheit. Clients were exposed to hot water temperatures above 116 degrees Fahrenheit which ranged from temperatures of 135 to 138 degrees Fahrenheit. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.	V 752		