

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL015-004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2025
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NAME OF PROVIDER OR SUPPLIER WICKHAM ROAD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 258 WICKHAM ROAD SHILOH, NC 27974
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on November 20, 2025. The complaint was unsubstantiated (Intake #NC00234376). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(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> <ol 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 	V 132		

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

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V 132	<p>Continued From page 1</p> <p>providing services). 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 review and interview, the facility failed to ensure allegations of abuse and neglect were reported to the Health Care Personnel Registry (HCPR) within 5 days of being notified. The findings are:</p> <p>Review on 11/18/25 of the Qualified Professional's (QP) personnel record revealed:</p> <ul style="list-style-type: none"> - Hired 8/6/25 <p>Interview on 11/18/25 the HCPR representative reported:</p> <ul style="list-style-type: none"> - Didn't have a report for the QP abusing client #4 <p>Interview on 11/17/25 the QP reported:</p> <ul style="list-style-type: none"> - Was notified by the local Sheriff's office that client #4 made an allegation against him on 10/30/25 - He reported client #4's allegation to the Program Manager "the same day" he was notified - The Program Manager was responsible for reporting allegations to the HCPR - Didn't "think" he was reported to the HCPR - Was unaware all allegations of abuse were supposed to be reported to the HCPR <p>Interview on 11/18/25 the Program Manager reported:</p> <ul style="list-style-type: none"> - Was responsible for reporting allegations to 	V 132		

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V 132	Continued From page 2 the HCPR - Hadn't reported the QP to the HCPR because she wasn't aware of the allegation client #4 made against the QP - The allegation "should have been reported immediately"	V 132		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (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	V 366		

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V 366	<p>Continued From page 3</p> <p>Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (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; (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</p>	V 366		

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V 366	<p>Continued From page 4</p> <p>LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement policies governing their response to incidents as required. The findings are:</p> <p>Review on 11/18/25 of the facility's records revealed:</p> <ul style="list-style-type: none"> - An Incident Report Improvement System 	V 366		

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V 366	<p>Continued From page 5</p> <p>(IRIS) report with the following information:</p> <ul style="list-style-type: none"> - "Date Last Submitted: 1/1/001" - "Date of Incident: 10/27/25" - "Name and Title of Person completing this form: [Qualified Professional (QP)]" - "[Client #4's initials] was being a threat to others and himself. He was displaying aggressive behavior due to consequences from his aggressive behavior towards housemates." - No documentation regarding the QP calling the police to assist with client #4's behaviors - No documentation regarding client #4's voluntary commitment (VC) - No documentation regarding client #4's allegation of abuse - No documentation of an internal review team meeting within 24 hours of client #4's allegation of abuse - No documentation of a written preliminary findings of fact within five working days of the incidents submitted to the LME/MCO <p>Interview on 11/18/25 the Division of Mental Health IRIS representative reported:</p> <ul style="list-style-type: none"> - The facility created an incident report on 10/28/25, but the report wasn't submitted to the LME/MCO <p>Interview on 11/18/25 the QP reported:</p> <ul style="list-style-type: none"> - He called the police on 10/27/25 because client #4 was having behaviors in the facility and client #4 requested to be VC'd at a local hospital - He submitted an IRIS report about client #4's VC on 10/28/25 - Wasn't aware the IRIS report wasn't submitted to the LME/MCO - "Thought" the IRIS was submitted to the LME/MCO because he received an incident number 	V 366		

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V 366	<p>Continued From page 6</p> <ul style="list-style-type: none"> - Was contacted by the local sheriff on 10/30/25 and the sheriff reported that client #4 said he assaulted him - He reported client #4's allegation to the Program Manager "the same day" the sheriff contacted him - He didn't submit an IRIS or notify the LME/MCO of client #4's allegation because he didn't know he was supposed to <p>Interview on 11/18/25 the Program Manager reported:</p> <ul style="list-style-type: none"> - She and the QP were responsible for submitting IRIS reports - Saw the 10/28/25 IRIS report the QP submitted had "very little information" - She was the QP's direct supervisor so she was responsible for reporting client #4's allegation to the LME/MCO - Didn't report client #4's allegation to the LME/MCO because the QP didn't tell her about client #4's allegation - Knew the sheriff called the QP, but the QP told her the sheriff called to "follow-up" on the 10/27/25 incident - Client #4's allegation should had been reported immediately and an IRIS should've been submitted 	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. 	V 367		

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V 367	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure incident reports were submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours. The findings are:</p> <p>Review on 11/18/25 of the facility's records revealed:</p> <ul style="list-style-type: none"> - An Incident Report Improvement System (IRIS) report with the following information: <ul style="list-style-type: none"> - "Date Last Submitted: 1/1/001" - "Date of Incident: 10/27/25" - "Name and Title of Person completing this form: [Qualified Professional (QP)]" - "[client #4's initials] was being a threat to others and himself. He was displaying aggressive behavior due to consequences from his aggressive behavior towards housemates." - No documentation regarding the QP calling the police to assist with client #4's behaviors - No documentation regarding client #4's voluntary commitment (VC) - No documentation regarding client 4's allegation of abuse <p>Review on 11/19/25 of client #4's hospital medical record dated 10/28/25 revealed:</p> <ul style="list-style-type: none"> - "Patient (client #4)...BIBA (brought in by ambulance) from a group home due to behavioral problems...The group home staff (QP) is requesting he have a psychiatric evaluation before he can return...Patient had been acting out aggressively for the past few days and therefore he was not permitted to go out to eat to celebrate another resident's birthday yesterday. Patient was very upset by this and he hit a staff member with a book. He then states the staff member punched 	V 367		

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V 367	<p>Continued From page 10</p> <p>him in the jaw..."</p> <p>Interview on 11/18/25 the Division of Mental Health IRIS representative reported:</p> <ul style="list-style-type: none"> - The facility created an incident report on 10/28/25, but the report wasn't submitted to the LME/MCO <p>Interview on 11/18/25 the QP reported:</p> <ul style="list-style-type: none"> - The clients were scheduled to go to dinner for client #3's birthday on 10/27/25 - Client #3 didn't want client #4 to attend his birthday dinner because client #4 hit client #3 the day before - Client #3 "didn't feel comfortable" with client #4 attending his birthday dinner - He told client #4 that he couldn't attend client #3's birthday dinner and client #4 became upset - When the clients were loading into the facility's van, client #4 ran out of the facility and tried to get into the van - He redirected client #4 and client #4 hit him with a book - He called the police on 10/27/25 because client #4 was having behaviors in the facility and client #4 requested to be VC'd at a local hospital - He submitted an IRIS report about client #4's VC on 10/28/25 - Wasn't aware the IRIS report wasn't submitted to the LME/MCO - "Thought" the IRIS was submitted to the LME/MCO because he received an incident number - Was contacted by the local sheriff on 10/30/25 and the sheriff reported that client #4 said he assaulted him - He reported client #4's allegation to the Program Manager "the same day" the sheriff contacted him - Denied abusing client #4 on 10/27/25 	V 367		

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V 367	<p>Continued From page 11</p> <ul style="list-style-type: none"> - He didn't submit an IRIS or notify the LME/MCO of client #4's allegation because he didn't know he was supposed to <p>Interview on 11/18/25 the Program Manager reported:</p> <ul style="list-style-type: none"> - Client #3 didn't want client #4 at his birthday dinner on 10/27/25 - Client #4 was upset that he couldn't go to client #3's birthday dinner - Saw the 10/28/25 IRIS report the QP submitted had "very little information" - She was the QP's direct supervisor so she was responsible for reporting client #4's allegation of abuse - Didn't report client #4's allegation of abuse because the QP didn't tell her about the allegation - Knew the sheriff called the QP, but the QP told her the sheriff called to "follow-up" on the 10/27/25 incident - Client #4's allegation should had been reported immediately and an IRIS should've been submitted 	V 367		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are</p>	V 500		

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V 500	<p>Continued From page 12</p> <p>instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL015-004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2025
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NAME OF PROVIDER OR SUPPLIER WICKHAM ROAD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 258 WICKHAM ROAD SHILOH, NC 27974
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(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 500	<p>Continued From page 13</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report all incidents of alleged or suspected neglect to the County Department of Social Services (DSS) for 1 of 5 clients (#4). The findings are:</p> <p>Review on 11/17/25 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 2/28/25 - Diagnoses of Attention Deficit Hyperactivity Disorder-combined type, Anxiety Disorder-unspecified, Obsessive-Compulsive Disorder-unspecified, Autistic Disorder and Mild Intellectual Developmental Disorder <p>Review on 11/18/25 of the Qualified Professional's (QP) personnel record revealed:</p> <ul style="list-style-type: none"> - Hired 8/6/25 <p>Interview on 11/17/25 the QP reported:</p> <ul style="list-style-type: none"> - Was notified by the local Sheriff's office that client #4 made an allegation against him on 10/30/25 - He reported the allegation to the Program Manager "the same day" he was notified - Didn't "think" he was reported to DSS - The Program Manager was responsible for reporting allegations to DSS <p>Interview on 11/18/25 the Program Manager</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL015-004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2025
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NAME OF PROVIDER OR SUPPLIER WICKHAM ROAD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 258 WICKHAM ROAD SHILOH, NC 27974
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V 500	Continued From page 14 reported: - Was responsible for reporting allegations to DSS - Hadn't reported the QP to DSS because she wasn't aware of the allegation client #4 made against the QP - The allegation "should have been reported immediately"	V 500		