

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/10/2025
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NAME OF PROVIDER OR SUPPLIER SCI MORGANTON DAY PROGRAM	STREET ADDRESS, CITY, STATE, ZIP CODE 115 STONEBRIDGE DRIVE MORGANTON, NC 28655
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on December 10, 2025. The complaint was unsubstantiated (intake #NC00234738). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups.</p> <p>This facility has a current census of 27. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 318	<p>13O .0102 HCPR - 24 Hour Reporting</p> <p>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).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR) within 24 hours of becoming aware of the allegation(s).</p>	V 318		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 318	<p>Continued From page 1</p> <p>The findings are:</p> <p>Review on 12/10/25 of Client #1's record revealed: -Date of Admission: 11/4/24. -Diagnoses: Autistic Disorder and Severe Intellectual Disability.</p> <p>Review on 12/10/25 of the North Carolina Incident Response Improvement System (IRIS) from 11/1/25-12/10/25 revealed: -Date of Incident: 11/12/25. -Date Provider Learned of Incident: 11/13/25. -Incident Type: Allegation of Abuse. -Allegation Description: "...[Client #1's mother] was assisting [Client #1] with a shower on the evening of Thursday 11/13/25 and noticed a bruise on his left inner forearm. She asked [Client #1] how he got the bruise. He stated that the lady (Staff #1) hit him ...and he indicated with a fist that [Staff #1] punched him." -Incident Originally Submitted: 11/17/25. -Notification to HCPR: 11/17/25.</p> <p>Interview on 12/10/25 with the Qualified Professional (QP) revealed: -Responsible for notifying HCPR of allegations of abuse, neglect, exploitation. -Reported Client #1's allegation against Staff #1 to HCPR by submitting a report into IRIS. -Unaware that notification to HCPR was required within 24 hours of learning of an allegation. -Would submit all future HCPR reports within 24 hours of becoming aware of an allegation involving staff.</p>	V 318		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>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 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> <ol style="list-style-type: none"> (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. <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> <ol style="list-style-type: none"> (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. <p>(c) Category A and B providers shall submit, upon request by the LME, other information</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>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 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> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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.</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report a level III incident to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 12/10/25 of Client #1's record revealed: -Date of Admission: 11/4/24. -Diagnoses: Autistic Disorder and Severe Intellectual Disability.</p> <p>Review on 12/10/25 of the North Carolina Incident Response Improvement System (IRIS) from 11/1/25-12/10/25 revealed: -Date of Incident: 11/12/25. -Date Provider Learned of Incident: 11/13/25. -Incident Type: Allegation of Abuse. -Allegation Description: "...[Client #1's mother] was assisting [Client #1] with a shower on the evening of Thursday 11/13/25 and noticed a bruise on his left inner forearm. She asked [Client #1] how he got the bruise. He stated that the lady (Staff #1) hit him ...and he indicated with a fist that [Staff #1] punched him." -Incident Originally Submitted: 11/17/25.</p> <p>Interview on 12/10/25 with the Qualified Professional (QP) revealed: -Responsible for submitting reports into IRIS. -Acknowledged that the incident involving Client</p>	V 367		

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V 367	Continued From page 5 #1's allegation was entered into IRIS late -The delay occurred because she was awaiting guidance from her supervisor. -Would complete IRIS submissions within 72 hours of learning of a level III incident moving forward.	V 367		