Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL090-204	A. BUILDING: _____ B. WING _____	R-C 11/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LITTLE GERALD SERVICES	1918 EAST ROOSEVELT BOULEVARD, SUITE H MONROE, NC 28112

(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 000	INITIAL COMMENTS A complaint and follow up survey was completed on 11/13/25. The compliant was unsubstantiated. (Intake #NC00233743). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1400 Day Treatment for children and adolescents with emotional or behavioral disturbances. This facility has a current census of 42. The survey sample consisted of audits of 1 current client.	V 000	Management staff has reviewed all incident reports from October22-November 12 to assess and ensure compliance with Level II requirements. For all future incidents, the following elements will be documented and uploaded into the IRIS system and the facility's internal records within 72 hours of being informed about the incident: • Health and safety needs addressed for all individuals involved. • Root cause analysis of the incident. • Corrective measures implemented within the required timeframe. • Preventive measures developed to reduce recurrence. • Assignment of responsible staff for implementation and follow-up. • Responsible party: QAQI/Program Director with oversight by Operations Manager and Clinical Director. The LGS Incident Reporting and Management Policy has been revised to: Require that all Level II incidents include a written evaluation addressing health/safety, root cause, corrective/preventive measures, and staff accountability. Require documentation in IRIS and internal logs within 72 hours for initial report and corrective/preventive plan within 45 days. Noncompliance will result in progressive discipline for responsible staff. The Corrective Action Tracking Log has been created to document each Level II incident,assigned staff responsibilities, due dates, and completion status. The Program Director is accountable for ensuring corrective and preventive measures are implemented timely. The Operations Manager will review the log monthly to ensure compliance. Refresher training on these corrective actions will be completed no later than 12/12/25.	12/12/25
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	V 366		

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

Operations Manager 12/2/25

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V 366	Continued From page 1 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 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: (1) immediately securing the client record by: (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; (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: (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	V 366		

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V 366	Continued From page 2 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 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 (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement written policies	V 366		

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V 366	Continued From page 3 governing their response to level II incidents. The findings are: Review on 11/10/25 and 11/12/25 of the facility's incident reports from 10/16/25-11/10/25 revealed: - 10/20/25- Client #7 physical assault on staff; - 10/21/25- Client #5 physical assault on staff and client incident; - 10/21/25- Client #7 physical assault on staff; - 10/28/25- Client #5 physical assault on staff. Review on 11/10/25 and 11/12/25 of the facility's records revealed: Ther was no documentation to support the evaluation of Client #5's incidents on 10/21/25 and 10/28/25 and Client #7's incidents on 10/20/25 and 10/21/25 for the following: - Attended to the health and safety needs of the individuals involved in the incident; - Determined the cause of the incident; - Assigned person to be responsible for implementation of the corrections and preventive measures. Interview on 11/13/25 with the Director revealed: - Created a new form for reporting incident reports and was waiting approval to use the new form. This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 366		
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	V 367		

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V 367	Continued From page 4 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 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	V 367		

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V 367	Continued From page 5 (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 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	Continued From page 6 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II incident in the Incident Response Improvement System (IRIS), failed to notify the Local Management Entity (LME)/ Managed Care Organization (MCO) responsible for the catchment area where services were provided as required after becoming aware of the incident and failed to report incidents within the required time. The findings are: Review on 11/10/25 and 11/12/25 of the facility's incident reports from 10/16/25-11/10/25 revealed: - 10/20/25- Client #7 physical assault on staff; - 10/21/25- Client #5 physical assault on staff and client incident; - 10/21/25- Client #7 physical assault on staff; - 10/28/25- Client #5 physical assault on staff. Review on 11/10/25 and 11/12/25 of IRIS from 10/16/25-11/10/25 revealed: - There were no IRIS reports or LME/MCO notifications submitted for the above identified incidents. Review on 11/10/25 and 11/25/25 of an IRIS Report dated 10/22/25 for Client #8 revealed: - The incident occurred on 10/22/25; - the provider learned of the incident in 10/22/25; - The report was submitted on 11/2/25; - Provider comments dated 11/2/25 " The client was playing with a female peer when another female peer approached the group and pushed the male peer to the ground the male peer stopped playing and began brushing the dirt off	V 367	Operations Director and Program Manager reviewed and made necessary updates to agency policies based on findings. The policy updates are as follows: All incidents that meet criteria for reporting (Level II and Level III) must be entered, saved, and submitted into the Incident Response and Improvement System (IRIS) within 72 hours of the provider becoming aware of the incident. Upon submission of incident report into IRIS, the CNDS ID must be logged on Incident Submission Tracking form. Additionally, any request by the LME/ MCO for clarification, correction, or update to an IRIS report must be addressed promptly and documented in the system within 24 hours. Staff who observe, become aware of, or are notified of an incident must notify their supervisor immediately. Supervisor will immediately report incident to the Program Director. The Program Director is responsible for ensuring the incident is documented in IRIS within 72 hours of awareness. Reports submitted later than 72 hours will be considered a policy violation unless an approved, documented justification (e.g., system outage, natural disaster) is provided. QAQI/Program Manager is required to monitor submission times weekly to ensure compliance. This will be documented. The QAQI/Program Manager will audit IRIS entries monthly to verify timeliness and responsiveness. This will be documented. Refresher training will be conducted by 12/12/25 for all responsible/applicable staff and required annually ongoing for any staff member found to be non-compliant.	

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V 367	Continued From page 7 his socks. [Client #8] took one of the make peer shoes. [Client #8] then struck the client with the shoe. Staff immediately intervened separating all individuals involved. Following the event, the client expressed frustration, stating that he felt he should have hit [Client #8], who had taken his shoe, broke the strap on his shoe, and struck him with the shoe. All participants demonstrated an understanding of the events and the reason for the client's frustration." - The IRIS report was submitted 22 days after the provider became aware of the incident and not within 72 hours as required. Interview on 11/13/25 with the Director revealed: - Had been working hard to make sure incident reports were completed correctly; - "I knew an incident report was not reported timely, really trying to work on getting the reports in a timely manner." The deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 367		