

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/04/2025
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NAME OF PROVIDER OR SUPPLIER AMAT PSYCHOSOCIAL REHABILITATION CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1903-B WEST CUMBERLAND STREET DUNN, NC 28334
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on December 4, 2025. The complaint was substantiated (intake #NC00234707). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facility for Individuals with Severe and Persistent Mental Illness.</p> <p>This facility has a current census of 7. The survey sample consisted of audits of 3 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 record reviews and interviews, the facility failed to develop and implement goals and strategies to meet the needs of 3 of 3 audited current clients (#2, #3, #4). The findings are:</p> <p>Review on 12/3/25 of client #2's record revealed: -Admitted 9/23/25. -Diagnoses of Schizophrenia Disorder and Bipolar Disorder. -No evidence of goals or strategies for the psychosocial rehabilitation (PSR) in the treatment plan.</p> <p>Attempted Interview on 12/3/25 for client #2 revealed he was not available for interview. He was currently hospitalized in another local county.</p> <p>Review on 12/3/25 of client #3's record revealed: -Admitted 9/23/25. -Diagnoses of Schizophrenia, Bipolar Disorder, Intellectual Developmental Disability-Mild and Dementia -No evidence of goals or strategies for the PSR in the treatment plan. -No goals or strategies to address elopement behaviors.</p> <p>Interview on 12/3/25 with client #3 was limited. She stated she liked coming to the program, the questions the surveyors had asked were "bugging</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>her out" and she "does not want anymore conversation."</p> <p>Review on 12/3/25 of client #4's record revealed: -Admitted 10/10/25. -Diagnoses of Schizoaffective Disorder and Other Stimulant Dependence. -No evidence of goals or strategies for the PSR in the treatment plan. -No goals or strategies to address elopement behaviors.</p> <p>Interview on 12/3/25 client #4 stated: -She "don't really have any goals just going to classes and staying home." -She was "just here because I was homeless." -She participated in an emotional awareness class, church class and game group.</p> <p>Interview on 12/3/25 staff #1 stated: -Client #4 "will walk off but we catch her." -The PSR staff knew client #4 "is a run away" -The PSR main goal was to make sure client #4 did not run away. -Client #3 went to a local steakhouse and would not leave. -She gave client #3 her tablet and told her to get a chair and sit outside. -She went to check on client #3 about 5 minutes later and she was gone.</p> <p>Interview on 12/3/25 the Qualified Professional/Director (QP/Director) stated: -The treatment plan used at the clients residential facility was the same plan used at the psychosocial rehabilitation program. -He "look over" the treatment plan but the Licensee and Guardian developed the treatment plan. -Client #4 had an elopement goal.</p>	V 112		

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V 112	<p>Continued From page 3</p> <ul style="list-style-type: none"> -The clients attended the PSR to "integrate back into society and preparing them for potential." -Client #4's elopement was happened at the end of October. -Client #4 had an elopement goal. -Staff (QP/Director or staff #1) were supposed to be outside when the clients were on break outside. -He was unsure if staff were outside when client #4 walked away. -Client #3 left the PSR a couple times in November. <p>Interview on 12/3/25 the Licensee stated:</p> <ul style="list-style-type: none"> -The QP/Director was responsible for the client treatment plans at the PSR. -Each client treatment plan was supposed to have goals and strategies for the PSR attached to the treatment plan. 	V 112		
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES</p> <p>(a) Facilities that provide activities for clients shall assure that:</p> <ul style="list-style-type: none"> (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap</p>	V 115		

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V 115	<p>Continued From page 4</p> <p>are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure supervision was provided to ensure the safety and welfare of the clients for 2 of 3 audited clients (#3, #4). The findings are:</p> <p>Review on 12/3/25 of client #3's record revealed: -Admitted 9/23/25. -Diagnoses of Schizophrenia, Bipolar Disorder, Intellectual Developmental Disability-Mild and Dementia</p> <p>Interview on 12/3/25 client #3 stated: -She had went to the restaurant and got "some fries and chicken meat." -She just felt like going to that place. The food smelled good. -No one knew she had left. She did not tell anyone. She was not there very long. Someone else paid for her food. -She ate the food at the restaurant. No one from the Psychosocial Rehabilitation Program (PSR) was with her at the restaurant while she was eating. -The Qualified Professional (QP)/Director nor</p>	V 115		

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V 115	<p>Continued From page 5</p> <p>anyone else came to the restaurant while she was eating.</p> <ul style="list-style-type: none"> -She walked back to the program. -Police was at the restaurant but did not bring her back to the program. <p>Review on 12/3/25 of client #4's record revealed:</p> <ul style="list-style-type: none"> -Admitted 10/10/25. -Diagnoses of Schizoaffective Disorder and Other Stimulant Dependence. <p>Interview on 12/3/25 client #4 stated:</p> <ul style="list-style-type: none"> -She had left the PSR without permission. -She went to the store. She did not have money. People at the store purchased items for her. -The staff were outside when she walked away from the PSR. -The staff caught her walking back from the store. -She left the PSR another time and the police brought her back. -She was walking and had a cardboard sign from a dumpster. -She stood in the median of the road at the stop sign. -She planned to use the cardboard sign to ask for money. -Someone called the police on her and the police asked where she came from. -The QP/Director and Licensee was present when she returned with the police. -She did not have any unsupervised time. -She talked to staff the QP/Director to ask for unsupervised time. -She was unsure of the dates when she left. It was "maybe a month ago." -Clients went out the backdoor at the PSR to go on break. -There was times when staff were not outside during their breaks. -She would leave when it was her break time. 	V 115		

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V 115	<p>Continued From page 6</p> <p>Interview on 12/3/25 staff #1 stated: -Client #4 "will walk off but we catch her." -The PSR staff knew client #4 "is a run away" -The PSR main goal was to make sure client #4 did not run away. -Client #4 went to the store but the QP/Director caught her. -Client #3 went to a local steakhouse and would not leave. -She gave client #3 her tablet and told her to get a chair and sit outside. -She went to check on client #3 about 5 minutes later and she was gone. -The QP/Director found client #3 at the local steakhouse. -The QP/Director said client #3 was not at the PSR and she went to look for her. -Client #3 went to the local steakhouse about 2 weeks ago.</p> <p>Interview on 12/3/25 the QP/Director stated: -Client #4 left the PSR while the clients were on break outside. -He learned client #4 left after he did a head count and saw she was not there. -Client #4 was gone about 30 - 40 minutes. -Client #4's elopement was happened at the end of October. -Client #4 had an elopement goal. -Staff (QP/Director or staff #1) were supposed to be outside when the clients were on break outside. -He was unsure if staff were outside when client #4 walked away. -Client #3 left the PSR a couple times in November. -Client #3 went to neighboring business to get food.</p>	V 115		

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V 115	Continued From page 7 Interview on 12/3/25 the Licensee stated: -Staff were supposed to stay outside with clients while they took their break. -No clients were supposed to be outside alone.	V 115		
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 Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall	V 366		

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V 366	<p>Continued From page 8</p> <p>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 LME where the client resides, if different. The final written report shall address the issues</p>	V 366		

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V 366	<p>Continued From page 9</p> <p>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 reviews and interview the facility failed to implement written policies governing their response to II incidents. The findings are:</p> <p>Review on 12/3/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No evidence of a level II incident report had been completed for client #2. -No evidence of a level II incident report had been completed for client #3 in November 2025.</p>	V 366		
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V 366	<p>Continued From page 10</p> <p>-No evidence of a level II incident report had been completed for client #4 in November 2025.</p> <p>Review on 11/4/25 of the facility's incident reports revealed:</p> <p>-Client #2 "Date of Incident: 11/13/25 Time of Incident: 1:45pm...Description of Incident: At approximately 1:45pm, client [client #2] became increasingly agitated and escalated into a physical altercation. [client #2] displayed aggressive behaviors including yelling, threatening staff and peers, and attempting to strike individuals nearby...[client #2] behavior posed an immediate safety risk. Staff implemented agency crisis intervention procedures...Due to the severity of his aggression and inability to self-regulate, emergency medical services were contacted."</p> <p>-Client #3 "Date of Incident: 11/1/25 Time of Incident: 11:45am...Description of Incident:... [client #3] informed staff that she needed to use the bathroom. Instead of going to the bathroom, [client #3] exited the group home without permission and walked away from the premises. Staff initiated the elopement protocol immediately upon discovering her absence. [Client #3] was located at a nearby restaurant where she had entered and attempted to sit down to eat. When staff approached her and requested she leave with them, she refused multiple times. A police officer who happened to be at the restaurant witnessed the interaction in full...officer than escorted her outside while continuing to redirect her..."</p> <p>Attempted Interview on 12/3/25 for client #2 revealed he was not available for interview. He was currently hospitalized in another local county.</p> <p>Interview on 12/3/25 client #3 stated:</p>	V 366		

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V 366	<p>Continued From page 11</p> <ul style="list-style-type: none"> -She had went to the restaurant and got "some fries and chicken meat." -She just felt like going to that place. The food smelled good. -No one knew she had left. She did not tell anyone. She was not there very long. Someone else paid for her food. -She ate the food at the restaurant. No one from the Psychosocial Rehabilitation Program (PSR) was with her at the restaurant while she was eating. -The Qualified Professional (QP)/Director nor anyone else came to the restaurant while she was eating. -She walked back to the program. - Police was at the restaurant but did not bring her back to the program. <p>Interview on 12/23/25 client #4 stated:</p> <ul style="list-style-type: none"> -She had left the PSR without permission. -She went to the store. She did not have money. People at the store purchased items for her. -The staff were outside when she walked away from the PSR. -The staff caught her walking back from the store. -She left the PSR another time and the police brought her back. -She was walking and had a cardboard sign from a dumpster. -She stood in the median of the road at the stop sign. -She planned to use the cardboard sign to ask for money. -Someone called the police on her and the police asked were she came from. -The QP/Director and Licensee was present when she returned with the police. -She did not have any unsupervised time. -She talked to staff the QP/Director to ask for unsupervised time. 	V 366		

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V 366	<p>Continued From page 12</p> <ul style="list-style-type: none"> -She was unsure of the dates when she left. It was "maybe a month ago." -Clients went out the backdoor at the PSR to go on break. -There was times when staff were not outside during their breaks. -She would leave when it was her break time. <p>Interview on 12/3/25 staff #1 stated:</p> <ul style="list-style-type: none"> -There were no incident reports for the facility. -She was not aware of incidents that occurred at the PSR. <p>Interview on 12/3/25 the QP/Director stated</p> <ul style="list-style-type: none"> -Staff are supposed to be outside when clients are on break. -He or staff #1 would monitor the clients during the break. -Client #3 said she wanted to use the bathroom but client #3 tried to elope. -Client #3 tried to elope more than once, a couple of times in November. -She would go to the neighboring business trying to get free food. -He had not submitted an incident report for client #3 going to the restaurant because he was actively there trying to bring her out and she would throw a temper tantrum. -Staff at the restaurant had bought client #3 food. -Client #4 eloped and the police brought her back to the PSR program. -He had completed an incident report for client #4's elopement. <p>Interview on 12/3/25 the Licensee stated:</p> <ul style="list-style-type: none"> -She believed she had submitted an IRIS report for client #2. -No incident report was submitted for client #3 because staff walked behind her. -No incident report were completed for client #4 	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/04/2025
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NAME OF PROVIDER OR SUPPLIER AMAT PSYCHOSOCIAL REHABILITATION CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1903-B WEST CUMBERLAND STREET DUNN, NC 28334
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V 366	Continued From page 13 because she "only tries to leave."	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 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	V 367		

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V 367	<p>Continued From page 14</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 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</p>	V 367		

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V 367	<p>Continued From page 15</p> <p>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> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to notify the Local Management Entity/Managed Care Organization (LME/MCO) of level II incidents as required. The findings are:</p> <p>Review on 12/3/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No evidence of a level II incident report had been completed for client #2. -No evidence of a level II incident report had been completed for client #3 in November 2025. -No evidence of a level II incident report had been completed for client #4 in November 2025.</p> <p>Review on 11/4/25 of the facility's incident reports revealed: -Client #2 "Date of Incident: 11/13/25 Time of Incident: 1:45pm...Description of Incident: At approximately 1:45pm, client [client #2] became increasingly agitated and escalated into a physical altercation. [client #2] displayed aggressive behaviors including yelling, threatening staff and peers, and attempting to strike individuals nearby...[client #2] behavior posed an immediate safety risk. Staff implemented agency crisis intervention</p>	V 367		

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V 367	<p>Continued From page 16</p> <p>procedures...Due to the severity of his aggression and inability to self-regulate, emergency medical services were contacted." -Client #3 "Date of Incident: 11/1/25 Time of Incident: 11:45am...Description of Incident:... [client #3] informed staff that she needed to use the bathroom. Instead of going to the bathroom, [client #3] exited the group home without permission and walked away from the premises. Staff initiated the elopement protocol immediately upon discovering her absence. [Client #3] was located at a nearby restaurant where she had entered and attempted to sit down to eat. When staff approached her and requested she leave with them, she refused multiple times. A police officer who happened to be at the restaurant witnessed the interaction in full...officer than escorted her outside while continuing to redirect her..."</p> <p>Attempted Interview on 12/3/25 for client #2 revealed he was not available for interview. He was currently hospitalized in another local county.</p> <p>Interview on 12/3/25 client #3 stated: -She had went to the restaurant and got "some fries and chicken meat." -She just felt like going to that place. The food smelled good. -No one knew she was leaving. She did not tell anyone. She was not there very long. Someone else paid for her food. -She ate the food at the restaurant. No one from the Psychosocial Rehabilitation Program (PSR) was with her at the restaurant while she was eating. -The Qualified Professional (QP)/Director nor anyone else came to the restaurant while she was eating. -She walked back to the program.</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 17</p> <ul style="list-style-type: none"> - Police was at the restaurant but did not bring her back to the program. <p>Interview on 12/3/25 client #4 stated:</p> <ul style="list-style-type: none"> -She had left the Psychosocial Rehabilitation (PSR) without permission. -She went to the store. She did not have money. People at the store purchased items for her. -The staff were outside when she walked away from the PSR. -The staff caught her walking back from the store. -She left the PSR another time and the police brought her back. -She was walking and had a cardboard sign from a dumpster. -She stood in the median of the road at the stop sign. -She planned to use the cardboard sign to ask for money. -Someone called the police on her and the police asked were she came from. -The Qualified Professional (QP)/Director and Licensee was present when she returned with the police. -She did not have any unsupervised time. -She talked to staff the QP/Director to ask for unsupervised time. -She was unsure of the dates when she left. It was "maybe a month ago." -Clients went out the backdoor at the PSR to go on break. -There was times when staff were not outside during their breaks. -She would leave when it was her break time. <p>Interview on 12/3/25 staff #1 stated:</p> <ul style="list-style-type: none"> -There were no incident reports for the facility. -She was not aware of incidents that occurred at the PSR. 	V 367		

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V 367	<p>Continued From page 18</p> <p>Interview on 12/3/25 the QP/Director stated</p> <ul style="list-style-type: none"> -Staff are supposed to be outside when clients are on break. -He or staff #1 would monitor the clients during the break. -Client #3 said she wanted to use the bathroom but client #3 tried to elope. -Client #3 tried to elope more than once, a couple of times in November. -She would go to the neighboring business trying to get free food. -He had not submitted an incident report for client #3 going to the restaurant because he was actively there trying to bring her out and she would throw a temper tantrum. -Staff at the restaurant had bought client #3 food. -Client #4 eloped and the police brought her back to the PSR program. <p>Interview on 12/3/25 the Licensee stated:</p> <ul style="list-style-type: none"> -She believed she had submitted an IRIS report for client #2. -No incident report was submitted for client #3 because staff walked behind her. -No incident report were completed for client #4 because she "only tries to leave." 	V 367		