

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 (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> <p>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.</p> <p>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.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is</p>	V 132	<p>To be in compliance with rules, Life, Inc. will employ the following:</p> <p style="text-align: center;">RECEIVED DEC 15 2025 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] BAQP 11

[Signature] Program Manager

12/10/2025

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V 132	Continued From page 1 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. 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: Review on 11/18/25 of the Qualified Professional's (QP) personnel record revealed: - Hired 8/6/25 Interview on 11/18/25 the HCPR representative reported: - Didn't have a report for the QP abusing client #4 Interview on 11/17/25 the QP reported: - 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 Interview on 11/18/25 the Program Manager reported: - Was responsible for reporting allegations to	V 132	Program Manager was notified of an allegation of abuse by DHR on 11/18/2025. The HCPR Initial Report was completed on 11/19/2025. Final Report was completed on 11/21/2025. Incident Response and Reporting Manual training will be completed by Life, Inc. Director of Contract Service and Program Manager with agency QPs to ensure IRIS reports are completed in a timely, proper manner. On-going, Program Manager will review the submission of all IRIS reports to ensure all criteria is met. Program Manager will conduct a monthly review of all reports filed with the Contract Services management team to ensure quality standards are being maintained.	11/19/2025 1/6/2026 on-going

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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	Continued From page 3 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 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	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	<p>Incident Response and Reporting Manual training will be conducted by Life, Inc. Director of Contract Services and Program Manager with agency QPs to ensure IRIS reports are completed in a timely, proper manner.</p> <p>On-going, Program Manager will review the submission of all IRIS reports to ensure all criteria are met. Program Manager will conduct a monthly review of all reports filed with the Contract Services management team to ensure quality standards are being maintained.</p>	1/6/2026	on-going

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V 366	Continued From page 6 - 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 Interview on 11/18/25 the Program Manager reported: - 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	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	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	Continued From page 8 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 9 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: Review on 11/18/25 of the facility's records revealed: - An Incident Report Improvement System (IRIS) report with the following information: - "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 Review on 11/19/25 of client #4's hospital medical record dated 10/28/25 revealed: - "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	Program Manager was notified on 11/18/2025 that Client #4 was allegedly abused by QP. Program Manager updated existing IRIS report #b992e4270d to ensure proper submission and notification to the LME/MCO. Training of the Incident Response and Reporting Manual will be conducted by Life, Inc. Director of Contract Services and the Program Manager with agency QPs to ensure IRIS reports are completed and submitted in a timely and correct manner. On-going, Program Manager will review the sbmission of all IRIS reports to ensure all required criteria elements are being met. Program Manager will also conduct monthly review of all reports filed with the Contract Services management team to ensure quality standards are being maintained.	11/18/2025 1/6/2026 on-going

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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
NAME OF PROVIDER OR SUPPLIER WICKHAM ROAD FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 258 WICKHAM ROAD SHILOH, NC 27974		
(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: - 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> <p>Review on 11/18/25 of the Qualified Professional's (QP) personnel record revealed: - Hired 8/6/25</p> <p>Interview on 11/17/25 the QP reported: - 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> <p>Interview on 11/18/25 the Program Manager</p>	V 500	<p>Program Manager was notified on 11/18/2025 that Client #4 was allegedly abused by QP. Program Manager notified Camden County Sheriff department on 11/20/2025 of the alleged abuse.</p> <p>Incident Response and Reporting Manual training will be conducted by Life, Inc. Director of Contract Services and Program Manager with agency QPs to ensure IRIS reports are completed and submitted in a timely and proper manner.</p> <p>On-going, Program Manager will review the submission of all IRIS reports to ensure all required criteria elements are met. Program Manager will also conduct monthly review of all reports filed with the Contract Services management team to ensure quality standards are being maintained.</p> <p>Program Manager conducted training with QP, Habilitation Coordinator and Direct Support Professionals in the home on Promotion of Consumer Well Being and Abuse Prevention.</p>	<p>11/20/2025</p> <p>1/6/2026</p> <p>on-going</p> <p>12/5/2025</p>

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
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		



Camden County Department of Social Services
P.O. Box 70, Camden, NC 27921

Stephanie Wyche
Director

Telephone: 252-331-4787
Fax: 252-335-1009
Courier 10-41-10

Y. Monique Chamblee
DSS Board Chair

November 20, 2025

Life Inc.
Attn: [REDACTED]
P.O. [REDACTED]
Elizabeth City, NC 27907

RE: *client #4*

Dear Ms. [REDACTED]

Our agency appreciates the concern you demonstrated for the above-named adult when you contacted our Adult Protective Services (APS) Unit.

In accordance with North Carolina Law (N.C.G.S. 108A-101) three separate criteria must be met for APS to conduct an APS evaluation:

- 1.) The adult must be disabled.
- 2.) The allegations must indicate the adult is being abused, neglected and/or exploited.
- 3.) The adult is alleged to be in need of protective services at the current time.

The following marked boxes indicate the actions taken after receiving your report:

- We will evaluate the need for protection based on the allegations. At the completion of the evaluation, you will be notified of the findings.
- An APS evaluation will not be completed as your referral does not meet the criteria because: Although the adult is considered disabled, there is someone willing able and responsible to provide or obtain services for him. In addition, he is not in need of protective services at this time.
- The report was previously referred to the District Attorney's Office and/or Law Enforcement.
- The report was previously referred to the Division of Facility Services/Adult Home Specialist.
- We are referring you to the following other appropriate community resources that may be available to assist: List additional referrals here.

If you believe you have additional information that may change this decision, please contact me at 252-331-4787.

Thank you again for your concern.

Sincerely,



Social worker



Social Worker Supervisor

LIFE, Inc.
Formal Inquiry Form

Consumer(s) involved: Client #4 Group Home: Camden Group Home

Injury Sustained: yes no (as appropriate attach accident/incident report).

Chairperson of LIFE, Inc. Human Rights Committee or designee Notified:

Name: N/A Date: _____ Time: _____

Comments from Human Rights Representative: _____

Parent/Guardian of consumer(s) notified:

Name: [Redacted] Date: 11/21/25 Time: 2pm

Comments from Parent/Guardian: Notified [Redacted] that an investigation was completed for Allegation. She said #4 did not say anything about it to her. She said #4 did not have any marks on his face or jaw. She was with him in the hospital.

Local Department of Social Services Protective Services Notified:

Name of Contact: [Redacted] Date: 11/20/25 Time: 12:20pm

DSS Investigation Initiated: yes no unknown

DSS Recommendations: No response at this time.

Update - DSS correspondence received identifying that they will not conduct an interview as the complaint fails to meet criteria

Local Law Enforcement Notified:

Name of Contact [Redacted] Date: 11/20/25 Time: 12:56pm / 1:25pm

Law Enforcement Investigation Initiated: yes no Investigation was already completed.

Law Enforcement Recommendations: Report # not indicated.

Deputy [Redacted] reported that their investigation was already completed

NC IRIS/NC Health Care Personnel Registry Notification:

Date of Initial NC IRIS for 24 Hour Report Completion: 11/19/25 Time: 5pm

Date of Final NC IRIS Completion for 5 Day Report: 11/21/25 Time: 3pm

Contact by NC Health Care Registry: (indicate any phone contact or on-site visits that have occurred thus far): 11/22/25 - correspondence received to inform LIFE, Inc. that they will not be conducting an investigation.

NC IRIS Incident Number Assigned: 6992e4270d

Staff Members Interviewed (list names and attach written statements): [Redacted]

Consumer(s) interviewed (if any, list names and indicate their comments): Client #4
[Redacted]

Investigative Team Members: (give name and title of team members who assisted with the Inquiry):
[Redacted] - Program Manager

Summary of violation or allegation: (what allegedly happened, when, where, who reported it, did an injury, etc.)
It was reported to the Program Manager on 11/18/25 that she was investigating an allegation of Abuse to client #4 by [Redacted]. Ms. [Redacted] indicated that the allegation was reported by another agency. It allegedly occurred on 10/29/2025.

Summary of inquiry process: (indicate how the allegation was investigated)
[Redacted] interviewed QP and Hub Coordinator. She proceeded to interview [Redacted] who was present at the time the alleged incident occurred. The next interview was conducted with client #4, victim and also with staff [Redacted].

Results of the inquiry: (what was determined to have occurred?)
Upon completion of investigation it was determined that #4 was extremely upset about not seeing an outline. At one point he struck staff either in the face or shoulder. It could not be corroborated that staff [Redacted] in turn hit #4. It was determined that #4 was at risk of being struck by an on-coming vehicle and [Redacted] pulled him from being struck.

Recommendations of the Investigative Team and Action Taken: (be specific and indicate dates action was taken)
[Redacted] was suspended pending results of the investigation on 11/19/25. All staff and individuals present were interviewed as well as others left in the home. Program Manager will conduct specific - Consumers Rights training in December staff meeting. Staff BM will attend December Mandt training.

N/A
QP I Signature Date

[Redacted] 11/21/2025
QP II Signature Date

[Redacted] 11/24/25
Director of Social Work Contract Services Date

Signature and Acknowledgement of Company President or designee:
[Redacted] 12-2-25
Date

Peer Review Team Meeting: November 20, 2025

(Meeting held on 11/20/25 with QP Angela Sanders, QP Arabia Johnson, Director of Contract Services Trinette Bowser and Program Manager Debra Provencher)

1. Review IRIS report: IRIS #b992e4270d
2. Review Preventative Measures
 - Individual Behavior Plan was reviewed and revised with staff, QP, and Program Manager on 10/29/25. Subsequent review was conducted on 10/30/25 with QP, Habilitation Coordinator and Program Manager. Plan will be reviewed at quarterly Human Rights meeting in December 2025.
 - Review with [REDACTED] NP incident on 11/21/25- Habilitation Coordinator and Program Manager will discuss any medical issues that may have arisen from the incident. Team will discuss recent medication changes and effects from these changes. Team will discuss any possible effects incurred from the incident with the medical team including [REDACTED] and [REDACTED] Private Counseling is scheduled for 12/11/25.
 - Habilitation Coordinator will review "Consumer Rights" policy 1204:1 with individuals supported monthly.
 - Program Manager will review Consumer Rights policy with all staff at December staff meeting (to be scheduled)
 - QP will be scheduled to attend 12/22/25 Mandt Class.
 - Daily Preventative Measures:
 1. Staff will follow elements to the individual's BSP to aid in de-escalation of behaviors.
 2. Staff will report all behavior issues to supervisors HC, QP and/or PM.
 3. Direct Support Staff remain aware of any potential signs of abuse and report immediately.

Schedule follow up staff meeting: Will be scheduled December 2025.

[REDACTED]

11/20/2025

11/20/2025

LIFE, INC.
GER (GENERAL EVENT REPORTS) COMMITTEE MINUTES

Facilities Reviewed *(include group home names, day program, and Contract Service area, if applicable):* **Deerfield, Wilson DDA, Wickham Road, Chowan DDA, Perquimans, Currituck, Scott House, and Roanoke Trail**

Date of Meeting:

Month Covered:

I: Members Present: Meeting Attendance:

II. Consumer General Event Reports Reviewed and Recommendations *(List each facility separately, list initials of consumer(s) along with date of the report and brief description of accident/incident along with any additional recommendations):*

Deerfield:

Wilson DDA:

Wickham Rd:

Chowan DDA:

Perquimans:

Currituck:

Scott House:

Roanoke Trail:

III: DHHS Level II or III Incident Reports (NC IRIS) required for consumer accident/injuries *(List each facility separately, list initials of consumer(s) along with date of the report and brief description of accident/injury along with any additional recommendations):*

Deerfield:

Wilson DDA:

Wickham Rd:

Chowan DDA:

VI: Infectious Control Issues *(List each facility separately, list initials of consumer(s) along with date issue(s) noted and brief description of the issue along with any recommendations.):*

Deerfield:

Wilson DDA:

Wickham Rd:

Chowan DDA:

Perquimans:

Currituck:

Scott House:

Roanoke Trail:

VII: Date of Next Meeting:

QP II or Representative's Signature: _____

PROMOTION OF CONSUMER WELL BEING AND ABUSE PREVENTION

The purpose of the following training module is to promote the health, safety, and well being of the consumers of LIFE, Inc. Training is provided to all Habilitation Associate staff at 6 month intervals to ensure the provision of quality care and prevention of abuse, neglect, and mistreatment.

Seven key components identified by the Centers for Medicaid and Medicare Services are used by LIFE, Inc. in a systematic approach to prevent abuse and neglect.

1. PREVENT:

- (A) It is the responsibility of LIFE, Inc. to ensure the rights of all consumers. This is accomplished through ongoing training programs for staff, advocacy for consumers, oversight, and specific committees to review compliance as well as effectiveness. (i.e., Human Rights Committee, Accident/Injury Report Review Committee).
- (B) LIFE, Inc. is to allow and encourage individual consumers to exercise their rights as clients of the facility and as citizens of the United States. All staff are provided Consumer Rights training prior to working with the consumers. Through this training, staff are made aware of the individual consumer's rights; LIFE, Inc. policies regarding consumer rights; definitions of abuse and neglect; appropriate reporting procedures for rights violations; and potential consequences for abuse, neglect, or mistreatment of consumers.
- (C) Consumers are encouraged to report and file complaints but many are not able to do so for themselves. It is our responsibility as care givers and consumer advocates to speak for them.

2. SCREEN:

Employees are screened by LIFE, Inc. prior to hire:

- (A) Reference checks are obtained. (i.e., previous and/or current employers, character references)
- (B) Criminal Record Checks are obtained. (local and state)
- (C) North Carolina Health Care Registry contacted to ensure no substantiation of abuse, neglect, or mistreatment.

3. IDENTIFY:

LIFE, Inc. maintains a proactive approach to identify events and occurrences that constitute or contribute to abuse, neglect, and mistreatment of consumers.

(A) Accident/Injury Reports:

- a. How to complete a report.
 1. Review blank report and give details as to how to properly complete each section and who is responsible for each section.
 2. Share correctly completed reports with the group as examples of how it should be done.
- b. When to complete a report.
 1. Reports should be completed as soon as possible following the occurrence of a consumer accident or discovery of a consumer injury.
 2. The report is to be completed by the staff who witnessed the accident or discovered the injury.
- c. What to report.
 1. Reports are to be completed for all physical injuries requiring medical treatment.
 2. A report is to be completed if a therapeutic hold (NCI use) is required. This report is to be attached to the physical restraint form that is completed for each use of a therapeutic hold.
 3. A report is to be completed for all accidents that result in injury to the client or are significant enough that injury (although not present at the time of the accident) may be noted at a later time. For example, significant accidents/incidents that may cause bruising, swelling, or physical complications within the next few hours. Examples are significant falls, self injurious behaviors, and aggression by another person.
- *Accident/Injury Reports should not be completed for physical ailments that are not injuries. Such as skin rashes, stomach viruses, in grown toe/finger nails, foot fungus, toileting accidents, etc.
- d. Where to put the report.
 1. The staff person completing the report should file it in the Accident/Injury Report file in order for the management team to review it in a timely fashion, complete follow up, and make recommendations to prevent such from occurring again.

(B) Review of Accident/Injury Reports:

- a. Review by local management (facility QDDP, Nurse,

- and Habilitation Coordinator). Need for immediate action/intervention, treatment, and formal inquiry is determined and ensured. Preventative measures are implemented.
- b. Review by Area Accident/Injury Report Committee. Patterns of repeat accident/injuries are identified. Ensures that immediate response occurred and was appropriate. Additional preventative measures are determined and implemented as warranted.
 - c. Review by the Corporate Accident/Injury Report Committee. Ensures reports are being completed as per policy, immediate action and prevention procedures are used, and that local management as well as the Area Accident/Injury Report Committee is fulfilling their responsibilities.

4. TRAIN:

LIFE, Inc. provides training during orientation and on an ongoing basis to ensure staff learn required information regarding abuse and neglect. Employee competency to perform their job is determined through the use of proficiency testing following initial and ongoing training for the promotion of consumer well being and abuse prevention.

- (A) Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting harm, pain, or mental anguish.
 - a. Physical: any physical action that results in physical injury. Examples may include hitting, kicking, spanking, pinching, unauthorized physical or chemical restraint, use of any instrument to inflict bodily pain, etc.
 - b. Verbal: Any negative verbal communication that results in emotional pain. Examples may include threats, profanity, harsh or loud negative tones of voice, demeaning comments, etc.
 - c. Sexual: any sexual behavior imposed on a juvenile or non-consenting adult. Examples may include fondling of genital area, fondling of breasts, oral sex, vaginal or anal penetration, exposing of genitals/breasts, suggestive sexual behavior or comments, etc.
 - d. Psychological/emotional: any expression of attitudes or behavior that creates psychological or emotional damage. Examples may include mimicking a consumer's behavior or handicap, demeaning comments, making fun of/joking, ignoring, discussion of negative consumer concerns in front of peers, eating/drinking in front of consumers when same is not provided to the consumer.
 - e. Corporal punishment/discipline: spanking, unauthorized seclusion, restricting rights/privileges without appropriate approval, withholding meals and/or snacks, etc.

- (B) Neglect: Failure to provide goods or services necessary to avoid physical harm, mental anguish, or mental illness.

*Specific examples of neglect that have occurred include: staff failure to implement procedures to prevent falls; staff not discovering injuries until 2 to 3 days later; failure to prevent/protect a consumer from a peer's aggression; staff failure to report alleged rights violations immediately to management staff; failure to ensure injuries of unknown origin were thoroughly investigated; failure to ensure alleged rights violations were thoroughly investigated; staff did not provide privacy during personal hygiene/dressing (left door open, did not make sure client closed the door, allowed another consumer in bedroom, did not knock before entering room, etc.); staff did not provide consumer with correct diet consistency and consumer could have choked (diet not pureed as ordered, food not cut into bite size pieces as ordered, staff did not prevent from overfilling mouth, staff did not slow down the eating pace, etc.); and failure to prevent the same injuries from occurring again.

- (C) Injuries of Unknown Origin: Any injury found on a consumer without a known cause. Examples may include scratches, bruises, cuts, scrapes, etc. All staff must put forth effort to try to determine the cause of any unexplained injury to a consumer. Investigation and follow-up will occur by the QDDP, Nurse, and Habilitation Coordinator for any injuries for which origin cannot be determined.

5. PROTECT:

- (A) Prevent further potential abuse while investigation is occurring.
- a. Suspension of employees.
 - b. Discharge/transfer of dangerous consumers.
 - c. Reassess consumer supervision needs.
- (B) Promote proactive ways to protect.
- a. Remain aware of consumer grouping to avoid consumer personality conflicts and confrontations with one another.
 - b. Stay alert and aware of environment to ensure absence of danger or harm. If you question what is occurring behind closed doors or in another area of the home, you are compelled to check on your co-worker(s) to ensure consumer safety.
 - c. Listen to client concerns/reports of potential mistreatment and report immediately.
 - d. Observe for verbal and non-verbal cues of pain and/or emotional duress.

- e. Monitor co-workers' demeanor and attitude in order to intervene during stressful situations and prevent harm/mistreatment from occurring.
- f. Ensure appropriate supervision and monitoring of consumers to prevent potential for injury or harm.
- g. Monitor consumers for self-injurious behavior and prevent/redirect immediately.
- h. Watch for consumers that target other consumers and provide supervision/intervention to prevent from occurring.
- i. Repeat head counts throughout the day and especially when leaving on the van to prevent leaving consumers unattended or having a consumer to elope.
- j. Provide bed checks in frequency according to specific need of consumer. (i.e., more frequent monitoring is needed for consumers who have poor seizure control and for consumers who are known to try to go into peers' bedrooms, etc.).

6. REPORT:

LIFE, Inc. employees are required by policy to report all injuries of unknown origin and any potential abuse, neglect, or mistreatment to the QDDP or manager on-call immediately. This includes suspected, witnessed, or rumored abuse, neglect, and mistreatment. If you feel the consumer is in danger, intervene first to ensure safety and then report immediately to the supervisor.

- (A) Confidentiality: Reports are to be confidential and not discussed with other co-workers, persons in the community, etc.
- (B) Statements: Statements will be obtained from persons deemed appropriate by the facility investigative team.
- (C) Facility Reporting Process
 - a. What to report. (Injuries of unknown origin, any consumer rights' violations, any potential abuse, neglect, mistreatment.)
 - b. When to report. (You must report immediately. Failure to report is grounds for disciplinary action.)
 - c. Who to report to. (Habilitation Staff are to report to the management staff on-call. The management will then report to the Director of Admissions.)

7. INVESTIGATE AND RESPOND:

LIFE, Inc. investigates all consumer injuries of unknown origin and all allegations of consumer mistreatment, neglect, and/or abuse. Appropriate

corrective action is given in accordance with applicable local, State, and Federal law.

(A) Facility Investigation Process

(B) Response

- a. Progressive Disciplinary Action.
 1. First written warning.
 2. Second written warning.
 3. Final written warning.
 4. Termination of employment.

- b. Actions by outside agencies.
 1. Local Department of Social Services may substantiate abuse/neglect by the staff person and recommend criminal prosecution by the District Attorney.
 2. The North Carolina Health Care Personnel Registry maintains a list of all persons substantiated of abuse/neglect. Health Care agencies in North Carolina are legally obligated not to hire any one who is listed on this registry for abuse/neglect.
 3. The Department of Health and Human Services may determine that the facility (LIFE, Inc.) is in violation of state and federal regulations for failing to protect the consumer and the facility could be fined from \$250.00 up to \$5000.00. Additionally, the facility will not be allowed to license a new facility or service for 6 to 60 months depending upon the number of violations.

SUMMARY OF KEY COMPONENTS AND REGULATORY CODES

The Centers for Medicaid and Medicare Services (CMS) recommends a regulatory cross reference to surveyors to address and cite incidents of abuse while assessing the provider's ability to detect and prevent the abuse and neglect. The specific tags (Federal Regulations) that address this process are:

- Prevention: W127-** Ensure that clients are not subjected to physical, verbal, sexual, or psychological abuse or punishment.
- W129-** The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, or abuse of the client.
- W150-** Facility staff must not use physical, verbal, sexual, or psychological abuse or punishment.

- Screen:** W152- The facility must prohibit the employment of individuals with a conviction or prior employment history of child or client abuse.
- Train:** W189- The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.
- Identify:** W153- The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.
- Protect:** W155- The facility must prevent further potential abuse while the investigation is in progress.
- Report/**
- Investigate:** W154- The facility must have evidence that all alleged violations are thoroughly investigated.
- W156- The results of all investigations must be reported to the administrator or to other officials in accordance with State law within five working days of the incident.
- Respond:** W157- If the alleged violation is verified, appropriate corrective action must be taken. (Note: Under the federal code of regulations, the guidelines for this tag states; "When the intentional action or inaction of a staff person has resulted in abuse, neglect or mistreatment which poses a serious and immediate threat to the individuals' health and safety, termination of employment is the only acceptable corrective action.")

FOLLOWING THIS TRAINING MODULE EACH EMPLOYEE WILL BE REQUIRED TO PASS A PROFICIENCY TEST.