

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2025
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NAME OF PROVIDER OR SUPPLIER RED OAK RESIDENTIAL LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 517 CUB CREEK ROAD ELLENBORO, NC 28040
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on November 19, 2025. One complaint was substantiated (intake #NC00234601) and two complaints were unsubstantiated (intakes #NC00234543 and #NC00234597). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders</p> <p>This facility is licensed for 16 and has a current census of 7. The survey sample consisted of audits of 2 current clients, 1 former client, and 1 deceased client.</p>	V 000		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <ol style="list-style-type: none"> (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 	V 366	<p>Occurrence Reporting policy has been updated to include NCDHHS requirements for level 1, II and III incidents. Policy has been reviewed with the executive leadership team. This policy will be reviewed quarterly with the executive leadership team. This will be monitored by the Director of Human Resources.</p> <p>Training on NCDHHS incident reporting requirements took place with Director of RM/PI and Executive Directors. This training will take place quarterly. This will be monitored by the Director of Human Resources.</p> <p>All IRIS reports will be reviewed by the VP of Clinical Services and Accreditation before submission to ensure accuracy and timeliness.</p>	<p>12/4/25</p> <p>12/4/25</p>

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Becca Vines</i>	TITLE <i>Director of Risk Management and Performance Improvement</i>	(X6) DATE <i>12/5/25</i>
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V 366	<p>Continued From page 1</p> <p>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</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(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.</p> <p>(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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(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;</p> <p>(B) gather other information needed;</p>	V 366		

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V 366	<p>Continued From page 2</p> <p>(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</p> <p>(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</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>	V 366		

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V 366	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to a level III incident. The findings are:</p> <p>Review on 11/17/25 of Deceased Client (DC) #1's record revealed: -Date of Admission: 10/27/25 -Date of Death: 11/2/25 -Diagnoses: cocaine use disorder, severe and major depressive disorder recurrent with psychotic features.</p> <p>Review on 11/17/25 of facility incident analysis report revealed: -The facility completed an incident analysis report. -The report showed reporting was required to the State Licensing Agency (North Carolina Department of Health and Human Services (NCDHHS)). -The was no documentation of preliminary report to the Local Management Entity/Managed Care Organization (LME/MCO) within 5 working days of the incident.</p> <p>Review on 11/17/25 of the North Carolina Incident Response Improvement System (IRIS) for DC #1 revealed: -Date of Incident: 11/2/25 -Date Provider Learned of Incident: 11/2/25 -Incident Type: Death -Date of initial submission: 11/14/25 -No documentation of attending to the health and safety needs of individuals involved in the incident, determining the cause of the incident, assigning person(s) to be responsible for</p>	V 366		

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V 366	<p>Continued From page 4</p> <p>implementation of corrections and preventive measures, or convening a meeting of an internal review team of individuals who were not involved in the client's direct care within 24 hours of the incident.</p> <p>-No attachments, including the preliminary report, had been uploaded to IRIS. -No notification of the LME responsible for the catchment area where the services are provided prior to submission to IRIS.</p> <p>Interview on 11/17/25 with the Customer Service and Community Rights Team Leader for IRIS revealed: -The report had been created but not submitted through the IRIS system. -The Director of Risk Management and Performance Improvement thought the report had been submitted. -Confirmed the initial date of submission for the 11/2/25 incident was 11/14/25.</p> <p>Interview on 11/18/25 with the Executive Director revealed: -The Director of Risk Management and Performance Improvement was responsible for submitting reports into IRIS.</p> <p>Interview on 11/18/25 with The Director of Risk Management and Performance Improvement revealed: -Was responsible for submitting reports into IRIS. -Was not used to submitting IRIS reports. -"It was my assumption (that the report had been submitted) ...now I know, so moving forward I will know to get the thumbs up (after the report has been submitted)."</p>	V 366		

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V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients 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</p>	V 367	<p>Occurrence Reporting policy has been updated to include NCDHHS requirements for level 1, II and III incidents. Policy has been reviewed with the executive leadership team. This policy will be reviewed quarterly with the executive leadership team. This will be monitored by the Director of Human Resources.</p> <p>Training on NCDHHS incident reporting requirements took place with Director of RM/PI and Executive Directors. This training will take place quarterly. This will be monitored by the Director of Human Resources.</p> <p>All IRIS reports will be reviewed by the VP of Clinical Services and Accreditation before submission.</p>	<p>12/4/25</p> <p>12/4/25</p>

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V 367	<p>Continued From page 6</p> <p>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 been no reportable incidents whenever no incidents have occurred during the quarter that</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>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 reviews and interviews, the facility failed to report a level III incident to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 11/17/25 of Deceased Client (DC) #1's record revealed: -Date of Admission: 10/27/25 -Date of Death: 11/2/25 -Diagnoses: cocaine use disorder, severe and major depressive disorder recurrent with psychotic features.</p> <p>Review on 11/17/25 of the North Carolina Incident Response Improvement System (IRIS) for DC #1 revealed: -Date of Incident: 11/2/25 -Date Provider Learned of Incident: 11/2/25 -Incident Type: Death -Date of initial submission: 11/14/25</p> <p>Interview on 11/17/25 with the Customer Service and Community Rights Team Leader for IRIS revealed: -The report had been created but not submitted through the IRIS system. -The Director of Risk Management and</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>Performance Improvement thought the report had been submitted. -Confirmed the initial date of submission for the 11/2/25 incident was 11/14/25.</p> <p>Interview on 11/18/25 with the Executive Director revealed: -The Director of Risk Management and Performance Improvement was responsible for submitting reports into IRIS.</p> <p>Interview on 11/18/25 with The Director of Risk Management and Performance Improvement revealed: -Was responsible for submitting reports into IRIS. -Was not used to submitting IRIS reports. -"It was my assumption (that the report had been submitted) ...now I know, so moving forward I will know to get the thumbs up (after the report has been submitted)."</p>	V 367		