

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-426</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/09/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>UNITY HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>701 SEPARK CIRCLE GASTONIA, NC 28054</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 01/09/2026. The complaint was unsubstantiated (Intake #NC00234410). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure for Children and Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients and 1 former clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <p>facility failed to ensure fire and disaster drills were conducted quarterly and repeated on each shift. The findings are:</p> <p>Review on 11/06/2025 of the facility's fire and disaster drills log from 04/01/2025 - 10/31/2025 revealed:</p> <ul style="list-style-type: none"> <li>-There were no third shift (11 pm-7 am) fire and disaster drills for the first quarter from 04/01/2025-06/30/2025.</li> <li>-There was no first shift (7 am-3 pm) or third shift (11 pm-7 am) fire and disaster drills for the second quarter from 07/01/2025-09/30/2025.</li> </ul> <p>Interview on 11/07/2025 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>-She lived at the facility for one month.</li> <li>-She had participated in fire and disaster drills at the facility.</li> </ul> <p>Interview on 11/19/2025 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>-"I been there 6 months."</li> </ul> <p>Interview on 11/19/2025 with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-"They are the supposed to be done every month."</li> </ul> <p>Interview on 11/19/2025 with Staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-"I think they do it (fire and disaster drills) every 3-6 months or maybe every month.</li> </ul> <p>Interview on 11/13/2025 with Staff #3 revealed:</p> <ul style="list-style-type: none"> <li>-The facility completed fire and disaster drills.</li> <li>-" ...but it (fire and disaster drills) has not been performed since I been there."</li> </ul> <p>Interview on 11/06/2025 with Staff #4 revealed:</p> <ul style="list-style-type: none"> <li>-The facility's shifts were first shift (7 am-3 pm), second shift (3 pm-11 pm), and third shift (11 pm-7 am).</li> </ul>	V 114		

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V 114	<p>Continued From page 2</p> <p>Interview on 01/09/2026 with the Group Home Manager revealed: -She was responsible for overseeing completion of fire and disaster drills. -She could not explain why there were missing drills (fire and disaster drills).</p> <p>Interview on 01/08/2026 with the Qualified Professional revealed: -"We (the facility) have it (fire and disaster drills) rotating and is supposed to do it on each shift, but definitely once a month." -"I do know why there were missing drills (fire and disaster drills)." -The house manager would know (why there were missing fire and disaster drills)."</p> <p>Interview on 01/09/2026 with the Licensee revealed: -"I require them (facility staff) to do it (fire and disaster drills) monthly." -"It seems like it was a lapse in the lead (Lead Staff) assuring that they (fire and disaster drills) were done." -"We trained the lead on Monday."</p>	V 114		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>	V 131		

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V 131	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the North Carolina Health Care Personnel Registry (HCPR) was accessed prior to hire for 1 of 1 Staff (#3). The findings are:</p> <p>Review on 11/13/2025 of Staff #3's personnel record revealed: -Date of Hire: 03/02/2025. -Job title: Direct Support Professional. -The HCPR verification check was 10/25/2025.</p> <p>Attempted Interview on 01/09/2026 with the AP was unsuccessful due to no response to the Division of Health Service Surveyor's phone call prior to survey exit.</p> <p>Interview on 01/09/2026 with the Group Home Manager revealed: -"[Associate Professional (AP)] was responsible for checks (HCPR)."</p> <p>Interview on 01/08/2026 with the Qualified Professional revealed: -"[Licensee] is responsible (for completing HCPR checks)."</p> <p>Interview on 01/09/2026 with the Licensee revealed: -"It was a lapse in duties getting completed." -Would ensure completion of HCPR checks for new hires moving forward.</p>	V 131		
V 133	G.S. 122C-80 Criminal History Record Check	V 133		

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V 133	<p>Continued From page 4</p> <p><b>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</b></p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not</p>	V 133		

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V 133	<p>Continued From page 5</p> <p>covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> <li>(1) The level and seriousness of the crime.</li> <li>(2) The date of the crime.</li> </ol>	V 133		

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V 133	<p>Continued From page 6</p> <p>(3) The age of the person at the time of the conviction.</p> <p>(4) The circumstances surrounding the commission of the crime, if known.</p> <p>(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of</p>	V 133		

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V 133	<p>Continued From page 7</p> <p>persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes,</p>	V 133		

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V 133	<p>Continued From page 8</p> <p>supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting 1 of 1 Staff (#3). The findings are:</p> <p>Review on 11/13/2025 of Staff #3's personnel record revealed: -Date of Hire: 03/02/2025. -Job title: Direct Support Professional. -The criminal history background check was completed on 10/25/2025.</p>	V 133		
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V 133	<p>Continued From page 9</p> <p>Attempted Interview on 01/09/2026 with the AP was unsuccessful due to no response to the Division of Health Service Surveyor's phone call prior to survey exit.</p> <p>Interview on 11/13/2025 with Staff #3 revealed: -Her employment with the facility began in October 2025 (the exact date was unknown).</p> <p>Interview on 01/09/2026 with the Group Home Manager revealed: -"[Associate Professional (AP)] was responsible for checks (Background)."</p> <p>Interview on 01/08/2026 with the Qualified Professional revealed: -"[Licensee] is responsible (for completing HCPR checks)."</p> <p>Interview on 01/09/2026 with the Licensee revealed: -"It was a lapse in duties getting them completed.." -"I will just do it (background checks) going forward because it is supposed to be done within 5 days of hire."</p>	V 133		
V 294	<p>27G .1702 Residential Tx. Child/Adol -Req. for Q P</p> <p>10A NCAC 27G .1702 REQUIREMENTS OF QUALIFIED PROFESSIONALS (a) Each facility shall utilize at least one direct care staff who meets the requirements of a qualified professional as set forth in 10A NCAC 27G .0104(18). In addition, this qualified professional shall have two years of direct client care experience. (b) For each facility of five or less beds:</p>	V 294		

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V 294	<p>Continued From page 10</p> <p>(1) the qualified professional specified in Paragraph (a) of this Rule shall perform clinical and administrative responsibilities a minimum of 10 hours each week; and</p> <p>(2) 70% of the time shall occur when children or adolescents are awake and present in the facility.</p> <p>(c) For each facility of six or more beds:</p> <p>(1) the qualified professional specified in Paragraph (a) of this Rule shall perform clinical and administrative responsibilities a minimum of 32 hours each week; and</p> <p>(2) 70% of the time shall occur when children or adolescents are awake and present in the facility.</p> <p>(d) The governing body responsible for each facility shall develop and implement written policies that specify the clinical and administrative responsibilities of its qualified professional(s). At a minimum these policies shall include:</p> <p>(1) supervision of its associate professional(s) as set forth in Rule .1703 of this Section;</p> <p>(2) oversight of emergencies;</p> <p>(3) provision of direct psychoeducational services to children or adolescents;</p> <p>(4) participation in treatment planning meetings;</p> <p>(5) coordination of each child or adolescent's treatment plan; and</p> <p>(6) provision of basic case management functions.</p> <p>This Rule is not met as evidenced by:</p>	V 294		

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V 294	<p>Continued From page 11</p> <p>Based on records reviews and interviews, the facility failed to ensure the Qualified Professional (QP) performed clinical and administrative responsibilities a minimum of 10 hours each week and 70% of the time occurred when children or adolescents were awake and present in the facility. The findings are:</p> <p>Review on 11/07/2025 of the QP's personnel record revealed: -A hire date of 05/06/2024.</p> <p>Review on 11/12/2025 of Client #1's record revealed: -Admission date of 04/03/2025. -Diagnosed with PTSD (Post Traumatic Stress Disorder), DMDD (Disruptive Mood Dysregulation Disorder), Adjustment Disorder with mixed anxiety and depressed mood, Attention Deficit Hyperactivity Disorder (ADHD) and Mild Intellectual Development Disorder. -Age 17 years.</p> <p>Review on 11/12/2025 of Client #2's record revealed: -Admission date of 05/16/2025. -Diagnosed with Adjustment Disorder, Unspecified Trauma and Stressor Related Disorder and Child Abuse Suspect (initial encounter). -Age 17 years.</p> <p>Review on 11/12/2025 of Client #3's record revealed: -Admission date of 07/03/2025. -Diagnosed with PTSD, ADHD and Oppositional Defiant Disorder (ODD). -Age 16 years.</p> <p>Review on 11/12/2025 of Former Client (FC) #4's</p>	V 294		

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V 294	<p>Continued From page 12</p> <p>record revealed: -Admission date of 10/31/2025. -Discharge date of 11/03/2025. -Diagnosed with Adjustment Disorder with disturbance of conduct, Factitious Disorder, Major Depressive Disorder and ODD. -Age 14 years.</p> <p>Attempted Interview on 01/09/2026 with the AP was unsuccessful due to no response to the Division of Health Service Surveyor's phone call prior to survey exit.</p> <p>Interview on 01/08/2026 with the QP revealed: -She was the QP. -She worked at the facility 1 to 2 hours per week. -She normally worked at the Sister Facility.</p> <p>Interview on 01/09/2026 with the Licensee revealed: -"That's not accurate (the QP worked at the facility more than 1 to 2 hours per week)." -"As a requirement she is doing 10 hours per week." -"She works at all three locations (facilities)."</p>	V 294		
V 295	<p>27G .1703 Residential Tx. Child/Adol - Req. for AP</p> <p>10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written</p>	V 295		

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V 295	<p>Continued From page 13</p> <p>policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following:</p> <ol style="list-style-type: none"> <li>(1) management of the day to day day-to-day operations of the facility;</li> <li>(2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and</li> <li>(3) participation in service planning meetings.</li> </ol> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to employ an Associate Professional (AP) who provided services to the facility on a full-time basis. The findings are:</p> <p>Review on 01/09/2026 of the AP's personnel record revealed: -A hire date of 06/12/2024.</p> <p>Review on 11/12/2025 of Client #1's record revealed: -Admission date of 04/03/2025. -Diagnosed with PTSD (Post Traumatic Stress Disorder), DMDD (Disruptive Mood Dysregulation Disorder), Adjustment Disorder with mixed anxiety and depressed mood, Attention Deficit Hyperactivity Disorder (ADHD) and Mild Intellectual Development Disorder. -Age 17 years.</p> <p>Review on 11/12/2025 of Client #2's record revealed: -Admission date of 05/16/2025.</p>	V 295		

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V 295	<p>Continued From page 14</p> <p>-Diagnosed with Adjustment Disorder, Unspecified Trauma and Stressor Related Disorder and Child Abuse Suspect (initial encounter). -Age 17 years.</p> <p>Review on 11/12/2025 of Client #3's record revealed: -Admission date of 07/03/2025. -Diagnosed with PTSD, ADHD and Oppositional Defiant Disorder (ODD). -Age 16 years.</p> <p>Review on 11/12/2025 of Former Client (FC) #4's record revealed: -Admission date of 10/31/2025. -Discharge date of 11/03/2025. -Diagnosed with Adjustment Disorder with disturbance of conduct, Factitious Disorder, Major Depressive Disorder and ODD. -Age 14 years.</p> <p>Attempted Interview on 01/09/2026 with the AP was unsuccessful due to no response to the Division of Health Service Surveyor's phone call prior to survey exit.</p> <p>Interview on 01/08/2026 with the QP revealed: -"(The AP) is at [Sister Facility], but she is full-time." -"Maybe an hour (AP worked at the facility each week)." -"The House Manager ran the day to day."</p> <p>Interview on 01/09/2026 with the Licensee revealed: -"She (AP) is not working 40 hours there (the facility), but she does work 20 to 30 hours per week."</p>	V 295		

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V 366	Continued From page 15	V 366		
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> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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</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</p>	V 366		

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V 366	<p>Continued From page 16</p> <p>by:</p> <p>(1) immediately securing the client record</p> <p>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> <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</p>	V 366		

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V 366	<p>Continued From page 17</p> <p>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 interviews, the facility failed to implement written policies governing their response to Level I and II incidents. The findings are:</p> <p>Reviews on 11/07/2025 and 11/13/2025 of the facility's incident reports from 05/01/2025 - 11/05/2025 revealed: 5/14/2025; Former Client (FC#5)'s AWOL (absence without leave) and police involvement incident. 5/21/2025; FC #5's AWOL and police involvement incident. 8/16/2025; FC #6's AWOL and police involvement incident.</p>	V 366		

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V 366	<p>Continued From page 18</p> <p>8/23/2025; FC #6's AWOL, police involvement, and hospitalized incident.</p> <p>8/23/2025; Client #1's AWOL, police involvement, and hospitalized incident.</p> <p>8/24/2025; FC #6's hospital discharge and police involvement incident.</p> <p>9/19/2025; FC #7's property destruction and physical restraint incident.</p> <p>9/10/2025; FC #7's AWOL and police involvement incident.</p> <p>9/18/2025; Client #1's AWOL and police involvement incident.</p> <p>9/18/2025; FC #7's AWOL and police involvement incident.</p> <p>9/18/2025; FC #7's physical altercation with Client #2..</p> <p>9/18/2025; Client #2's physical altercation with FC #7.</p> <p>10/9/2025; Client #3's AWOL and police involvement incident.</p> <p>10/10/2025; Client #3's self-harm incident.</p> <p>10/17/2025; Client #3's AWOL, police involvement, and hospitalization incident.</p> <p>10/25/2025; FC #8's AWOL and police involvement incident.</p> <p>10/31/2025; FC #4's AWOL and police involvement incident.</p> <p>10/31/2025; FC #4's AWOL, police involvement, and hospitalization incident.</p> <p>Reviews on 11/07/2025 and 11/13/2025 of the facility's records revealed: There was no documented Risk Cause Analysis for the above incidents from 05/14/2025 - 09/18/2025 to demonstrate how the facility:</p> <ul style="list-style-type: none"> <li>-Attended to the health and safety needs of the individuals involved in the incident.</li> <li>-Determined the cause of the incident.</li> <li>-Developed/implemented corrective measures.</li> <li>-Developed/implemented measures to prevent</li> </ul>	V 366		

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V 366	Continued From page 19  similar incidents. -Assigned persons to be responsible for implementation of the corrections and preventive measures.  Interview on 01/08/2026 with the Qualified Professional revealed: -"That is me (was responsible for (Incident Response Requirement/Risk Cause Analysis (RCA))." -"I am not aware of the policy (Incident Response Requirement/RCA) that you are talking about."  Interview on 01/09/2026 with the Licensee revealed: -"This is my first time hearing about that (Incident Response Requirement/RCA)." -"I have to train staff on that (Incident Response Requirement/RCA) and implement it going forward."	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	V 367		

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V 367	<p>Continued From page 20</p> <p>means. The report shall include the following information:</p> <ol style="list-style-type: none"> <li>(1) reporting provider contact and identification information;</li> <li>(2) client identification information;</li> <li>(3) type of incident;</li> <li>(4) description of incident;</li> <li>(5) status of the effort to determine the cause of the incident; and</li> <li>(6) other individuals or authorities notified or responding.</li> </ol> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <ol style="list-style-type: none"> <li>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</li> <li>(2) the provider obtains information required on the incident form that was previously unavailable.</li> </ol> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> <li>(1) hospital records including confidential information;</li> <li>(2) reports by other authorities; and</li> <li>(3) the provider's response to the incident.</li> </ol> <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</p>	V 367		

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V 367	<p>Continued From page 21</p> <p>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:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II incidents in the Incident Response Improvement System (IRIS) and failed to notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services were provided as required after</p>	V 367		

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V 367	<p>Continued From page 22</p> <p>becoming aware of the incident. The findings are:</p> <p>Review on 11/07/2025 of the facility's incident reports from 05/01/2025 - 11/05/2025 revealed: 09/09/25 -Former Client (FC) #7's physical aggression and physical restraint incident. 09/18/25- FC #7 AWOL (Absent Without Leave) and police involvement incident. 10/10/25- Client #3's self-harm incident. 10/17/25- Client #3's AWOL, police involvement and hospitalization. 10/25/25- FC #8's went AWOL, police involvement and AWOL incident. 10/31/25- FC #4's AWOL, police involvement and hospitalization incident.</p> <p>Review on 11/07/2025 of an IRIS Report dated 09/09/2025 for FC #7 revealed: -The incident occurred on 09/09/2025. -The provider learned of the incident on 09/09/2025. -The report was submitted 11/10/2025. -Provider Comments dated 11/10/2025: "[FC #7] became upset while interacting with a peer. She threatened to hit her peer with a pan. When [Group Home Manager] arrived at the group home, she tried to process with [FC #7] privately in her room. Taking her away from the incident. While in her room, [FC #7] begin to punch her window, which led to [Group Home Manager] placing her into a therapeutic hold for 2 minutes. When [Group Home Manager] let [FC #7] go to reset, [FC #7] went back to punching her window. [Group Home Manager] placed [FC #7] back into a therapeutic hold and slowly lowered her onto her bed for 2 minutes. [FC #7] begin to calm down and processed with [Group Home Manager]." -The IRIS report was submitted 62 days after the provider became aware of the incident and not</p>	V 367		

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V 367	<p>Continued From page 23</p> <p>within 72 hours as required.</p> <p>Review on 11/07/2025 of an IRIS Report dated 09/18/2025 for FC #7 revealed: -The incident occurred on 09/18/2025. -The provider learned of the incident on 09/18/2025. -The report was submitted 11/09/2025. -Provider Comments dated 11/09/2025: "While outside, [FC #7] and her peer walked up to the staff and their other peer. [FC #7] continued to walk up the steps and punched her peer, who was sitting with the staff in the back of the head, and ran off. [FC #7] and her peer went AWOL. The staff called the non-emergency police line." -The IRIS report was submitted 52 days after the provider became aware of the incident and not within 72 hours as required.</p> <p>Review on 11/07/2025 of an IRIS Report dated 10/10/2025 for Client #3 revealed: -The incident occurred on 10/10/2025. -The provider learned of the incident on 10/10/2025. -The report was submitted 11/12/2025. -Provider Comments dated 11/12/2025: "When [Client #3] woke up at 9 am, she apologized to the staff for her behavior the day before. The staff continued to process with [Client #3]. [Client #3] ate breakfast and went back to her room. [Client #3] kept her personal razor and broke the razor out of it, using it to self-harm. [Client #3] walked back up to the staff, showing them her arms. Staff immediately took [Client #3] to the hospital to be seen. [Client #3] was admitted, admitting she was having suicidal ideations." -The IRIS report was submitted 32 days after the provider became aware of the incident and not within 72 hours as required.</p>	V 367		

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V 367	<p>Continued From page 24</p> <p>Review on 11/07/2025 of an IRIS Report dated 10/25/2025 for FC #8 revealed:                      -The incident occurred on 10/25/2025.                      -The provider learned of the incident on 10/25/2025.                      -The report was submitted 11/09/2025.                      -Provider Comments dated 11/09/2025: "Staff noticed [FC #8] packing her bags. When the staff addressed this with [FC #8], she asked why the staff were asking. She continued to pack her bags. [FC #8] went AWOL at 4:45 pm, insisting that she was going for a walk and would be back. The staff encouraged [FC #8] to utilize her coping skills and tried to process with [FC #8], but she continued to walk away from the facility. The staff called the non-emergency number."                      -The IRIS report was submitted 15 days after the provider became aware of the incident and not within 72 hours as required.</p> <p>Review on 11/07/2025 of an IRIS Report dated 10/31/2025 for FC #4 revealed:                      -The incident occurred on 10/31/2025.                      -The provider learned of the incident on 10/31/2025.                      -The report was submitted 11/07/2025.                      -Provider Comments dated 11/10/2025: "Before going AWOL the first time, [FC #4] expressed that she did not like group homes and had a bad experience at them. The staff reassured [FC #4] and tried to process with [FC #4]. She asked to process with her Social Worker and Care coordinator. After talking with them, [FC #4] went AWOL at 6:47 pm and was brought back to the group home by [Local County] EMS (Emergency Medical Services) around 7:30 pm. She kept running away from the police and EMS before they were able to check her out. Once back at the group home, the staff monitored and followed [FC #4] throughout the house. [FC #4] found a rusty</p>	V 367		

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V 367	Continued From page 25  nail while she was AWOL the first time and used that to self-harm. Before the staff could assess, clean, and process with [FC #4], she pushed her window out and climbed out of the window. As the staff tried to grab [FC #4] before she fell, she let go. Staff reported that [FC #4] hit the tree and the ground hard. When the staff went outside to help [FC #4], she was gone from the premises. The staff called the police and followed the safety procedures when a client goes AWOL." -The IRIS report was submitted 7 days after the provider became aware of the incident and not within 72 hours as required.  Interview on 01/08/2026 with the Qualified Professional (QP) revealed: -"...because you did not want the code (IRIS submission codes)." -" So, I had to re-enter them (IRIS Reports). So, that was on me (the late IRIS report submissions)."  Interview on 01/09/2026 with the Licensee revealed: -"I realized that was an issue (late IRIS report submissions). I discussed it with [QP] and reviewed the rule with her."	V 367		
V 716	27G .0301(c-d) Sanitation and Fire Documentation  10A NCAC 27G .0301 COMPLIANCE WITH BUILDING CODES (c) Each facility shall maintain documented evidence of compliance with applicable fire, sanitation and building codes including an annual fire inspection. (d) As used in these Rules, the term "new facility" refers to a facility that has not been	V 716		

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V 716	<p>Continued From page 26</p> <p>licensed previously and for which an initial license is sought. The term includes buildings converted from another use or containing facilities licensed for a different use than the facility for which an initial license is sought.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to maintain documented evidence of compliance with applicable annual fire extinguisher inspection.</p> <p>Observation on 11/06/2025 at approximately 4:26 pm of the facility's fire extinguisher tag revealed: -The last annual fire extinguisher inspection was May 2024. -There was no annual fire extinguisher inspection after the expiration date of May 2025.</p> <p>Interview on 01/09/2026 with the Group Home Manager revealed: -She was responsible for ensuring completion of fire extinguisher inspections. -"To my knowledge, I thought it was completed because the house was opened in March 2025."</p> <p>Interview on 01/08/2026 with the Qualified Professional revealed: -"[Group Home Manager] would call for the fire department to come out to do an inspection (of the fire extinguisher)." -"It (fire extinguisher inspection) should have been there. So, it would have had to be there in February or March (2025)."</p> <p>Interview on 01/09/2026 with the Licensee revealed: -"We (the facility) do get that (fire extinguisher) inspected every year. We use [Local Fire Inspector] and they come out to the facility to</p>	V 716		

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V 716	Continued From page 27  inspect it." -"I will get that done. I was not aware that the unit (fire extinguisher) had expired."	V 716		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a clean, attractive, and orderly manner. The findings are:  Observation on 11/06/2025 at approximately 4:26 pm of the facility revealed: Kitchen: -A broken tile under the kitchen table approximately 3.5 inches long and 2 inches wide. -A broken tile near the back approximately 4 inches long and 1.5 inches wide. Bathroom Door: -A dent approximately 10-12 inches long with 8 jagged cracks approximately 3-5 inches wide.  Observation on 01/09/2026 at approximately 1:45 pm of the facility revealed: Kitchen: -A broken tile under the kitchen table approximately 3.5 inches long and 2 inches wide. -A broken tile near the back approximately 4 inches long and 1.5 inches wide. Bathroom Door: -A dent approximately 10-12 inches long with 8 jagged cracks approximately 3-5 inches wide.	V 736		

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V 736	<p>Continued From page 28</p> <p>Attempted Interview on 01/09/2026 with the AP was unsuccessful due to no response to the Division of Health Service Surveyor's phone call prior to survey exit.</p> <p>Interview on 01/09/2026 with the Group Home Manager revealed:                      -"[FC #7] did the door (damaged the door) a week or 2 before she was discharged."                      -"I don't know about the floor (broken tiles)."                      -"They (Maintenance) were supposed to fix it (the bathroom door)."</p> <p>Interview on 01/08/2026 with the Qualified Professional revealed:                      -"I don't think that orders were placed for that (the broken tiles in the kitchen)."                      -"I believe that my director (Licensee) put in a request for the door to be repaired but I think they (request) are fulfilled."</p> <p>Interview on 01/08/2026 with the Licensee revealed:                      -FC #7 damaged the bathroom door.                      -"I think the tile (repair) has been rectified."                      -"I believe that it all (repair to the bathroom door and tile) has been rectified."</p>	V 736		
V 750	<p>27G .0304(b)(3) Maintenance of Elec., Mech., &amp; Water Systems</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT                      (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.                      (3) Electrical, mechanical and water</p>	V 750		

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V 750	<p>Continued From page 29</p> <p>systems shall be maintained in operating condition.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to maintain electrical systems in safe operating conditions. The findings are:</p> <p>Observation on 11/06/2025 of Client #1's bedroom at approximately 4:35 pm revealed: -The smoke detector made the alarm warning sound (chirping) to indicate that the batteries needed to be replaced.</p> <p>Observation on 11/07/2025 of Client #1's bedroom at approximately 12:20 pm revealed: -The smoke detector made the alarm warning sound (chirping) to indicate that the batteries needed to be replaced.</p> <p>Observation on 01/09/2026 of Client #1's bedroom at approximately 1:45 pm revealed: -The smoke detector made the alarm warning sound (chirping) to indicate that the batteries needed to be replaced.</p> <p>Interview on 11/07/2025 with Client #1 revealed: -The smoke detector had been chirping for a couple of days. -"No, it's fine (the chirping sounds)."</p> <p>Interview on 11/19/2025 with Staff #1 revealed: -She did not notice that the smoke detector was chirping.</p> <p>Interview on 11/19/2025 with Staff #2 revealed: -"I don't remember hearing no beeping (chirping coming from the smoke detector)."</p> <p>Interviews on 11/06/2025 and 01/09/2026 with the</p>	V 750		

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V 750	<p>Continued From page 30</p> <p>Group Home Manager revealed:                      -"The battery needs to be changed. We need a ladder to change them (smoke detector)."                      -"The batteries were changed last week but it (smoke detector) is still beeping (chirping)."                      -"I don't know why it is still beeping (chirping)."                      -"I was going to contact the fire department."</p> <p>Interview on 01/08/2026 with the Qualified Professional revealed:                      -She did not notice the chirping sound coming from the smoke detector in Client #1's bedroom.</p> <p>Interview on 01/09/2026 with the Licensee revealed:                      -"I was not informed about it (the chirping noise coming from the smoke detector) until the end of December (2025) and that's when I got everything set up."                      -"Staff informed me that they did change it (battery), but because it continues to beep (chirp) and the fire department is coming to change it."</p>	V 750		