

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/15/2026
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NAME OF PROVIDER OR SUPPLIER LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	STREET ADDRESS, CITY, STATE, ZIP CODE 4224 MCLEOD ROAD RED SPRINGS, NC 28377
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on January 15, 2026. The complaint was unsubstantiated (intake #NC00235027). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 3 current clients and 1 former 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</p> <p>(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>	V 132		

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

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V 132	<p>Continued From page 1</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is 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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was notified of all allegations of abuse against health care personnel. The findings are:</p> <p>Review on 1/14/26 of FC #4's record revealed: -Date of admission: 8/25/25. -Date of discharge: 12/1/25. -Diagnoses of: Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder.</p> <p>Review on 1/15/26 of staff #2's personnel record revealed: -Date of hire: 7/23/23. -Job title: Direct Care Staff.</p> <p>Review on 1/15/26 of staff #8's personnel record revealed: -Date of hire: 4/21/25. -Job title: Direct Care Staff.</p> <p>Review on 1/15/26 of the Former Associate Professional (Former AP) personnel record revealed: -Date of hire: 7/8/24. -Date of seperation: 12/23/25.</p>	V 132		

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V 132	<p>Continued From page 2</p> <p>-Job title: AP</p> <p>Review on 1/15/26 of the facility's records from 11/1/25-1/15/26 revealed: -There was no evidence as documented in the HCPR for the allegation staff #2 and staff #8 physically abused FC #4 when reported to the facility on 12/1/25.</p> <p>Interview on 1/15/26 the local Department of Social Services (DSS) Child Welfare Social Worker stated: -The local DSS received an allegation of abuse of Former Client (FC) #4 against staff #2 and staff #8 on 12/1/25. -On 12/1/25, during the Child Welfare Assessment, FC #4 reported the allegation of physical abuse against staff #2 and staff #8 to the Former AP.</p> <p>Attempts were made on 1/14/26 and 1/15/26 to interview the Former AP by telephone were unsuccessful due to unanswered phone calls.</p> <p>Interview on 1/15/26 the Licensee/Director stated: -He was not aware of any allegations of abuse made by FC #4 against staff #2 or staff #8. -The Former AP was responsible for all the HCPR notifications. -He would ensure that the HCPR notification was completed for the allegation of physical abuse of FC #4 against staff #2 and staff #8. -He understood that all allegations against health care personnel were to be reported to the HCPR.</p>	V 132		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR</p>	V 366		

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V 366	<p>Continued From page 3</p> <p>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 by:</p> <p>(1) immediately securing the client record</p> <p>by:</p> <p>(A) obtaining the client record;</p>	V 366		

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V 366	<p>Continued From page 4</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 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>	V 366		

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V 366	<p>Continued From page 5</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 review and interview, the facility failed to implement policies governing their response to level II and level III incidents as required. The findings are:</p> <p>Review on 1/15/26 of the local law enforcement incident report dated 11/25/25 revealed: -Date of report: 11/25/25 -Time of report: 5:16 pm -Location of incident: 4224 McLeod Road, Red Spring, NC 28377 -Crime Incident: Injury to Personal Property and Undisciplined Juvenile -Reporting Person: [Staff #2]. -Property Description: Chair, Mailbox"</p> <p>Interview on 1/15/26 the local Department of Social Services (DSS) Child Welfare Social Worker stated:</p>	V 366		

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V 366	<p>Continued From page 6</p> <p>-The local DSS received an allegation of abuse of Former Client #4 (FC #4) against staff #2 and staff #8 on 12/1/25.</p> <p>-On 12/1/25, during the Child Welfare Assessment, FC #4 reported the allegation of physical abuse against staff #2 and staff #8 to the Former Associate Professional (Former AP).</p> <p>Review on 1/14/26 of the facility's records 11/1/25-1/14/26 revealed:</p> <p>-There were no incident reports for the allegation of abuse of FC #4 by staff #2 and staff #8 made on 12/1/25.</p> <p>-There was no evidence of the facility attending to the health and safety needs of individuals involved in the incident, determining the cause of the incident, developing and implementing corrective measures and developing and implementing measures to prevent similar incidents for the level II or level III incident on 11/25/25.</p> <p>Attempts were made on 1/14/26 and 1/15/26 to interview the Former AP by telephone were unsuccessful due to unanswered phone calls.</p> <p>Interview on 1/15/26 the Licensee/Director stated:</p> <p>-He was responsible for attending to the health and safety needs of individuals involved in the incident, determining the cause of the incident, developing and implementing corrective measures and developing and implementing measures to prevent similar incidents.</p> <p>-He was aware that law enforcement responded to the facility due to property destruction by FC #4 on 11/25/25 but did not complete an incident report.</p> <p>-He was not aware of an allegation of physical abuse of FC #4 against staff #2 and staff #4 until 1/14/26.</p>	V 366		

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V 366	Continued From page 7 -"I will complete an investigation for both of the level II and level III incidents today."	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be	V 367		

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V 367	<p>Continued From page 8</p> <p>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 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>	V 367		

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V 367	<p>Continued From page 9</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure an allegation was reported to the Local Management Entity/Managed Care Organization (LME/MCO) for the catchment area where services are provided as required after becoming aware of the allegation. The findings are:</p> <p>Review on 1/14/26 of the North Carolina Incident Response Improvement System (NC IRIS) revealed no level II incident report for law enforcement response to the facility due to property destruction of Former Client (FC) #4 on 11/25/25.</p> <p>Review on 1/14/26 of the NC IRIS revealed no level III incident report for allegation of physical abuse against staff #2 and staff #8 reported on 12/1/25.</p> <p>Interview on 1/15/26 the Licensee/Director stated: -The Former Associate Professional (Former AP) was responsible for the IRIS reports at the facility. -The Former AP no longer worked at the facility, her last day of employment was on 12/23/25.</p>	V 367		

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V 367	<p>Continued From page 10</p> <ul style="list-style-type: none"> -He was aware of the law enforcement response to the facility on 11/25/25 due to property destruction by FC #4. -He was not aware of FC #4's allegation of abuse against staff #2 and staff #8 reported to the Former AP on 12/1/25 by local DSS staff. - "I thought [Former AP] had submitted an IRIS report for law enforcement responding to the facility." -He understood that all allegations of abuse and law enforcement response are to be reported to IRIS in the appropriate timeframe. -He would ensure that the allegation of abuse and law enforcement was reported to the LME/MCO. 	V 367		