

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL-049-18	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2026
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NAME OF PROVIDER OR SUPPLIER RELEES CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 134 SASSAFRAS ROAD MOORESVILLE, NC 28115
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on February 11, 2026. The complaint was unsubstantiated (intake #NC00235282). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups.</p> <p>This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</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 conduct disaster drills once per shift per quarter. The findings are: Review on 2/11/26 of the facility's disaster drill logs revealed:</p> <p>-No documentation of disaster drills being conducted from September 2025 to January 2026.</p> <p>Interview on 2/11/26 with client #2 revealed: -Had not participated in any disaster drills at the facility.</p> <p>Interview on 2/11/26 with staff #1 revealed: -Had not conducted any disaster drills at the facility.</p> <p>Interview on 2/11/26 with the Owner/Director revealed: -Was not aware disaster drills were to be conducted once per shift per quarter. -Would ensure disaster drills were conducted once per shift per quarter in the future.</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 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire for 2 of 3 audited staff. The findings are:</p> <p>Review on 2/11/26 of staff #2's record revealed: -A hire date of 7/1/25 -The HCPR was accessed on 7/7/25</p> <p>Review on 2/11/26 of the Qualified Professional's record revealed: -A hire date of 7/1/25 -The HCPR was accessed on 7/7/25</p> <p>Interview on 2/11/26 with the O/L revealed: -She was responsible for accessing the HCPR -Would ensure in the future the HCPR was accessed prior to hire for new employees.</p>	V 131		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>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,</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>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 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</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>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:</p> <ol style="list-style-type: none"> (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. <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to report all level II incidents in the North Carolina Incident Response Improvement System (IRIS) within 72 hours of becoming aware of the incident. The findings are:</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>Review on 2/11/26 of the facility's internal incident report revealed: -The incident report was dated 10/12/25 at 10am -Client #1 eloped from the facility unsupervised -"During shower and breakfast time, client (#1) noticed staff was cooking and doing laundry and serving breakfast. Client asked to watch tv downstairs while staff mopped. Client (#1) pretended to drop something and went out the back door. He has have ran because staff noticed within seconds he was gone and gave chase but client (#1) was already out of sight. Staff notified the police, other staff and called [the Owner/Licensee (O/L)]."</p> <p>Review on 2/11/26 of IRIS (Incident Response Improvement System) revealed: -No documentation of the incident of Client #1 eloping from the facility and police involvement.</p> <p>Interview on 2/11/26 with client #1 revealed: -Denied any police involvement -Denied leaving the facility unsupervised</p> <p>Interview on 2/11/26 with client #1's Legal Guardian revealed: -Client #1 had a long history of elopement -Was made aware client #1 had left the facility unsupervised on 10/12/25. Interviews on 2/11/26 with staff #1 and staff #2 revealed: -Client #1 left the facility unsupervised and the police were called to locate him.</p> <p>Interview on 2/11/26 with the O/L revealed: -Was aware Client #1 eloped from the facility on 10/12/25 after she received a telephone call from staff #1. -Staff #1 had contacted the police to report client #1 missing.</p>	V 367		

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V 367	Continued From page 6 -It was the responsibility of the O/L to submit incident reports into IRIS. -Had not submitted a level II incident for client #1's elopement from the facility on 10/12/25.	V 367		