STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-813	A. BUILDING: _____ B. WING _____	R 01/22/2026

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RAINBOW OF SUNSHINE 1	4661 PENNYSTONE DRIVE FAYETTEVILLE, NC 28306

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on January 22, 2026. The complaint was unsubstantiated (intake #NC00235096). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection 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: 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. 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. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against	V 132		

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V 132	Continued From page 1	V 132		

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.

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:

Review on 1/22/26 of the facility's records revealed:
-No documentation of a report made to the HCPR for an allegation of physical abuse of client #3 against staff #2 in December 2025.

Review on 1/22/26 of client #3's record revealed:
-Date of admission: 12/6/16.
-Diagnoses: Moderate Intellectual Developmental Disability, Impulsive Disorder, Seizure Disorder and Seasonal Allergies.

Review on 1/22/26 of staff #2's personnel record revealed:
-Date of hire: 12/27/14.
-Job title: Paraprofessional.

Interview on 1/22/26 client #3 stated:
-Staff #3 had not "dragged him."
-He did not remember reporting any allegations of abuse against staff.

Interview on 1/22/26 staff #2 stated:

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V 132	Continued From page 2 -He denied he "dragged" client #3. -He denied abuse of any clients at the facility. Interview on 1/22/26 with client #3's Department of Social Services guardian: -Client #3 reported in December 2025 that staff #2 "had dragged him." -She reported the allegation to the Owner of the facility in December 2025, the exact date was unknown. Interview on 1/22/26 the Qualified Professional (QP) stated -He was responsible for the notification to HCPR for all allegations of abuse for the facility. -The owner reported the allegation of abuse of client #3 against staff #2 in December 2025. -"I did not report it because [client #3] had called me almost everyday and did not mention any allegations of abuse." -He would ensure that the HCPR notification is completed on 1/22/26. Interview on 1/22/26 the Owner stated: -Client #3's guardian reported client #1 reported to her that staff #2 "had dragged" him in December 2025, exact date unknown. -The QP was responsible for HCPR notifications for the facility. -She would ensure that the HCPR notification for the allegation of abuse against staff #2 was completed on 1/22/26.	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	V 366		

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V 366	Continued From page 3 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 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	V 366		

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V 366	Continued From page 4 (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 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 (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to	V 366		

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V 366	Continued From page 5 Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. 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 III incidents as required. The findings are: Review on 1/22/26 of the facility's records 12/1/25-1/22/26 revealed: -There were no incident reports for the allegation of abuse of client #3 against staff #2 that was reported to facility in December 2025. -There was no evidence that the facility attended to the health and safety needs of individuals involved in the incident, determined the cause of the incident, developed and implemented corrective measures and developed and implemented measures to prevent similar incidents for the level III incident. Interview on 1/22/26 with client #3's Department of Social Services guardian stated: -Client #3 made an allegation in December 2025	V 366		

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V 366	Continued From page 6 that staff #2 "had dragged him." -She reported the allegation to the Owner of the facility in December 2025, exact date was unknown. Interview on 1/22/26 the Qualified Professional (QP) stated: -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. -He had not completed completed an internal investigation in response to the allegation of abuse of client #3 against staff #2. -"I will make sure I do an internal investigation on the allegation today." Interview on 1/22/26 the Owner stated: -Client #3's guardian reported that client #1 had reported to her staff #2 "had dragged" him in December 2025, exact date unknown. -The QP 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. -She would ensure the QP completed an internal investigation as a response to the level III incident by the end of day (1/22/26).	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	V 367		

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V 367	Continued From page 7 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 erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information;	V 367		

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V 367	Continued From page 8 (2) reports by other authorities; and (3) the provider's response to the incident. (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). (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	V 367		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to report a level III incident to the Local Management Entity/Managed Care Organization (LME/MCO) as required. The findings are:

Review on 1/22/26 of the North Carolina Incident Response Improvement System (IRIS) revealed:
-No IRIS report had been reported for the allegation of physical abuse of client #3 reported to facilty in December 2025 against staff #2.

Interview on 1/22/26 with client #3's Department of Social Services guardian:
-Client #3 reported in December 2025 that staff #2 "had dragged him."
-She reported the allegation to the Owner of the facility in December 2025, exact date unknown.

Interview on 1/22/26 the Qualified Professional (QP) stated:
-He was responsible for the submission of all IRIS reports for the facility.
-The owner reported the allegation to of abuse to him of client #3 against staff #2 in December 2025.
-"I did not report it because [client #3] had called me almost everyday and did not mention any allegations of abuse."
-He would ensure that the IRIS report was submitted by the end of the day (1/22/26).

Interview on 1/22/26 the Owner stated:
-The QP was responsible for the submission of all IRIS reports for the facility.

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V 367	Continued From page 10 -Client #3's guardian reported that client #1 had reported to her staff #2 "had dragged" him in December 2025, exact date unknown. -"I know it will be late, but I will make sure the QP submits an IRIS report today for that allegation."	V 367		