STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL013-226	A. BUILDING: _____ B. WING _____	R-C 02/13/2026

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UNION POINT	519 UNION STREET SOUTH CONCORD, NC 28025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint and follow up survey was completed on 2/13/26. The complaints were unsubstantiated (Intake #NC00235745, #NC00235813). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 6 and has a current census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug;	V 118		

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V 118	Continued From page 1 (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure all medications were administered on the written order of a physician and failed to keep the MARs current affecting 1 of 3 audited clients (Client #1). The findings are: Review on 2/10/26 of Client #1's record revealed: - Admission date 1/5/26; - Age 13 years old; - Diagnoses: Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder; - Physician's order dated 1/29/26 Vitamin D-1000 units, Take one capsule by mouth daily. Review on 2/9/26 of Client #1's MARs from January 5, 2026 - February 9, 2026 revealed: - Vitamin D was not listed on the January MAR; - A line was drawn through dates 2/1/26 and 2/2/26 of the February MAR. Interview on 2/6/26 with Client #1 revealed: - Received medications daily. Interview on 2/9/26 and 2/13/26 with the Program Manager revealed:	V 118		

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V 118	Continued From page 2 - Was responsible for the medications and the MAR; - "I don't put the medication on the MAR until we receive the medication;" - The dash on the MAR indicated Client #1 was not administered the Vitamin D on 2/1/26-2/2/26; - The pharmacy contacted Client #1's mom (legal guardian), rather than the facility, due to her having legal custody of client #1, to request purchase of the Vitamin D after it was determined it was not covered under the client's medical insurance; - Client #1's mom wanted to pay for the Vitamin D through [online retailer] because she didn't want to give her card information to the pharmacy over the phone; - Client #1's mom told the Program Manager she would order the Vitamin D through [online retailer] but by 2/2/26 she had not purchased the Vitamin D, so the facility picked up the Vitamin D from the pharmacy on 2/2/26; - Had documentation of the communication with the legal guardian about paying for the medication; - Never received the documentation of the communication by the survey exit on 2/12/26. Interview on 2/13/26 with the Quality Management Director revealed: - "Went to 'billing' and asked what are we doing for the client (Client #1) without her medication (Vitamin D) and we paid for it;" - Had a tentative date (2/20/26) for the medical provider to come to the facility to review the all of the client medications and Medication Administration Records (MARs).	V 118		
V 120	27G .0209 (E) Medication Requirements	V 120		

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V 120	Continued From page 3 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure that external medication were stored separately from internal medications affecting 1 of 3 audited clients (Client #1). The findings are: Review on 2/10/26 of Client #1's record revealed: - Admission date 1/5/26; - Age 13 years old; - Diagnoses: Disruptive Mood Dysregulation Disorder (DMDD), Attention Deficit Hyperactivity Disorder (ADHD); - Physician's order dated 1/22/26 for	V 120		

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V 120	Continued From page 4 Hydrocortisone Cream 2.5% (irritation), Apply topically twice daily for fourteen days then repeat as needed; - Physician's order dated 1/29/26 for Melatonin 3mg (milligram) (sleep), Take one tablet by mouth every evening; Lurasidone HCL (hydrochloride) 20mg (Depression) mouth every evening; Trazodone 150mg (antidepressant) by mouth every evening; Vitamin D-1000 units, Take one capsule by mouth daily; Clonidine 0.2mg tablet (ADHD), Take 1 tablet by mouth at bedtime; Clonidine HCL ER (Extended Release) 0.1mg, Take one tablet by mouth every morning; Oxcarbazepine 600mg (bipolar), Take one tablet by mouth twice daily. Observation on 2/9/26 at approximately 3:44pm of Client #1's medications revealed: - Hydrocortisone Cream was stored with Melatonin, Lurasidone HCL, Trazodone, Viatmin D, Clonidine and Oxcarbazepine in a ziplock bag. Interview on 2/9/26 with the Program Manager revealed: - "I have another ziplock bag, I can put the cream in;" - Would make sure the external medication was separated from the internal medication. Interview on 2/13/26 with the Quality Management Director revealed: - Had a tentative date (2/20/26) for the medical provider to come to the facility to review the all of the client medications, storage and Medication Administration Records (MARs).	V 120		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT	V 366		

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V 366	Continued From page 5 RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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: (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:	V 366		

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V 366	Continued From page 6	V 366		

(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(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

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V 366	Continued From page 7 (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to 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 reviews and interviews, the facility failed to implement written policies governing their response to Level I and II incidents. The findings are: Review on 2/3/26 and 2/9/26 of the North Carolina Incident Response Improvement System (IRIS) from 1/1/26- 2/6/26 revealed: - No IRIS reports during the reviewed timeframe. Review on 2/6/26 and 2/9/26 of the facility's internal incident reports from 1/1/26-2/6/26 revealed: - 1/4/26 Client #3's property destruction and law enforcement involvement incident; - 1/11/26 Former Client #5's aggressive behavior, property destruction, law enforcement involvement and transported to local	V 366		

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V 366	Continued From page 8 hospital incident; - 1/29/26 Client #2's emotional deregulation and hospitalization incident; - 2/2/26 Client #1's AWOL (absent without leave), law enforcement involvement, transported to local hospital incident; - 1/9/26 Client #3's vape search and seizure incident; - 2/2/26 Client #1's sensual gummies search and seizure incident; - 2/2/26- No incident report for Client #1's welfare check from law enforcement incident; - No incident reports for Client #1 not receiving her Vitamin D from 1/30/26-2/2/26. Review on 2/6/26 and 2/9/26 of the facility's internal incident reports from 1/1/26-2/6/26 revealed: -There was no documented Risk Cause Analysis for the cited incidents to demonstrate that the facility: -Developed and implemented measures to prevent similar incidents within the provider-specified timeframe, not to exceed 45 days; - Developed and implemented corrective measures within the provider-specified timeframe, not to exceed 45 days; and; -Assigned responsible individuals to ensure implementation of corrective and preventive measures. Interview on 2/9/26 with the Program Manager revealed: - Was responsible for completing incident reports; - Completed the IRIS reports and received a confirmation number; - Would make sure she completed incident reports for medication errors.	V 366		

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V 366	Continued From page 9 Interview on 2/11/26 with the Residential Director revealed: - Program Manager was in charge of IRIS reports; - "[Program Manager] was trained (incident reporting) by [Quality Management Director] and myself." Interview on 2/13/26 with the Quality Management Director revealed: - Planned a tentative meeting on 2/20/26 for training on incident reports; - Would update the level I incident reports to cover Risk Cause Analysis; - The Program Manager had attended trainings on incident reporting, but would be retrained on 2/20/26.	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 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:	V 367		

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V 367	Continued From page 10 (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; (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	V 367		

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V 367	Continued From page 11 .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. 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 are provided within 24 hours and 72 hours of becoming aware of the incident. The findings are:	V 367		

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V 367	Continued From page 12 Review on 2/3/26 and 2/9/26 of the North Carolina Incident Response Improvement System (IRIS) from 1/1/26- 2/6/26 revealed: - No IRIS reports during the reviewed timeframe. Review on 2/6/26 and 2/9/26 of the facility's internal incident reports from 1/1/26-2/6/26 revealed: - Unsubmitted IRIS reports: - 1/4/26 Client #3's property destruction and law enforcement involvement incident; - 1/11/26 FC #5's aggressive behavior, property destruction, law enforcement involvement and transported to local hospital incident; - 1/29/26 Client #2's emotional deregulation and hospitalization incident; - 2/2/26 Client #1's AWOL (absent without leave), law enforcement involvement, transported to local hospital incident; - 2/2/26 No incident report for Client #1's welfare check from law enforcement incident, when the local school system requested the local police do a welfare check on Client #1 due to her sending her teacher a message and peer a message of feeling depressed and needing help with emotions. Interview on 2/9/26 with the Program Manager revealed: - Was responsible for completing IRIS reports; - Completed the IRIS reports and received a confirmation number; - Would make sure she received a thumbs up when completing IRIS reports; - Was not provided details from law enforcement about the welfare check, "There is no reason why I didn't do an incident report (2/2/26)." Interview on 2/11/26 with the Residential Director	V 367		

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V 367	Continued From page 13 revealed: - Program Manage was in charge of IRIS reports; - "[Program Manager] was trained (incident reporting) by [Quality Management Director] and myself." Interview on 2/13/26 with the Quality Management Director revealed: - Planned a tentative meeting on 2/20/26 for training on incident reports.	V 367		