STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL016-054	A. BUILDING: ______ B. WING ______	C **02/12/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA WELLNESS CENTERS SEA LEVEL	**468 HIGHWAY 70, 400 WING** **SEALEVEL, NC 28577**

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V 000	INITIAL COMMENTS A complaint survey was completed on 2/12/26. One complaint was substantiated (Intake #NC00235704) and one complaint was unsubstantiated (Intake #NC00235390). Deficiencies were cited. This facility is licensed for the follow service category: 10A NCAC 27G .3400 Residential Treatment-Individuals with Substance Abuse Disorders. This facility is licensed for 18 beds and has a current census of 8. The survey sample consisted of audits of 3 current clients and 1 former client.	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;	V 118		

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V 118	Continued From page 1 (C) instructions for administering the drug; (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 reviews and interviews the facility failed to obtain a physician's order to self administer a medication for one of one former client (FC) (#4). The findings are: Review on 2/12/26 of FC #4's record revealed: -Admission date of 11/9/25. -Diagnoses of Opioid Use Disorder. -Discharge date of 12/29/25. Review on 2/12/26 of former staff (FS) #4's record revelaed: -Date of Hire of 8/20/25. -Title/Position: Med Tech. -Medication Administration Training completed on 9/25/25. -Date of Separation of 12/12/25. -Reason for Separation: Termination for cause-severe safety violation/ willful misconduct. -Failure to adhere to established medication-administration policies. Review on 2/12/26 of physician's orders for FC #4 dated 11/11/25 revealed:	V 118		

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V 118	Continued From page 2 -Albuterol Sulfate (asthma), 0.5 milligrams (mg) / 3mg, Inhalation, As Needed Every 8 Hours. -No physician order for self administration of the Albuterol inhaler. Review of Incident report dated 12/11/25 revealed: -"On December 10, 2025, client [FC #4] presented to the front desk reporting difficulty breathing and requesting immediate assistance." -FC #4 said she had been using her inhaler more frequently than directed. -FC #4 "had been in possession of her inhaler in her room and consumed the 30-day supply in approximately nine (9) days." -Nursing staff was unaware that the inhaler had been removed from supervised medication administration and had not been monitoring usage or symptom escalation. -FC#4's doctor requested transport to the nearest emergency department for further evaluation and treatment. -Former staff #4 provided FC #4's inhaler for self administration without a physician order. Interview on 2/12/26 the Chief Operating Officer stated: -FC #4 was on the residential hall during the 12/10/25 incident. -FC #4 stated FS #4 gave her the albuterol inhaler to use as needed. -FC #4 did not have an order to self administer the albuterol inhaler -She had completed a facility incident report regarding the medication error with FC #4 12/10/25.	V 118		
V 367	27G .0604 Incident Reporting Requirements	V 367		

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V 367	Continued From page 3 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 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,	V 367		

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V 367	Continued From page 4	V 367		

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 .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)

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V 367	Continued From page 5 through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviewsand interviews the facility failed to notify the Local Management Entity/Managed Care Organization (LME/MCO) of a level II incident as required. The findings are: Review on 2/12/26 of the North Carolina Incident Response Improvement System (IRIS) revealed no Level II incident report had been submitted for former client #4's medication error on 12/10/25. Review on 2/12/26 of former client (FC) #4's record revealed: -Admission date of 11/9/25. -Diagnoses of Opioid Use Disorder. -Discharge date of 12/29/25. Review on 2/12/26 of physician's orders for FC #4 dated 11/11/25 revealed: -Albuterol Sulfate (asthma), 0.5 milligrams (mg) / 3mg, Inhalation, As Needed Every 8 Hours. Review of Incident report dated 12/11/25 revealed: -"On December 10, 2025, client [FC #4] presented to the front desk reporting difficulty breathing and requesting immediate assistance." -FC #4 said she had been using her prescribed inhaler more frequently than directed. -FC #4 "had been in possession of her inhaler in her room and consumed the 30-day supply in	V 367		

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V 367	Continued From page 6 approximately nine (9) days." -Nursing staff was unaware that the inhaler had been removed from supervised medication administration and had not been monitoring usage or symptom escalation. -FC#4's doctor requested transport to the nearest emergency department for further evaluation and treatment. -Former staff #4 provided FC #4's inhaler for self administration without a physician order. Interview on 2/12/26 the Chief Operating Officer stated: -FC #4 was on the residential hall during the 12/10/25 incident. -FC #4 stated FS #4 gave her the albuterol inhaler to use as needed. -FC #4 did not have an order to self administer the albuterol inhaler. -FC #4 had an issue with breathing and the doctor sent her to the hospital for evaluation. -She had completed a facility incident report regarding the medication error with FC #4 12/10/25. -She understood a Level II IRIS report should be completed if a clients health and safety was at risk for a medication error.	V 367		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers,	V 536		

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V 536	Continued From page 7 employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and	V 536		

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V 536	Continued From page 8 assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant	V 536		

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V 536	Continued From page 9 to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation	V 536		

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V 536	Continued From page 10 as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 2 of 6 audited staff (#1 and Licensed Practical Nurse (LPN)) had annual refresher and initial training in alternatives to restrictive intervention. The findings are: Review on 2/12/26 of staff #1's record revealed: -Hire Date: 12/2/24. -Non-Violent Crisis Intervention (NCI) training in alternatives to restrictive intervention expired 1/8/26. Review on 2/12/26 of LPN's record revealed: -Hire Date: 2/9/26. -No documentation of NCI training in alternatives to restrictive intervention prior to employment. Interview on 2/11/26 staff #1 stated: -She provided interacted with and provided medications for all the clients in the facility. -She had been trained in alternatives to restrictive intervention. Interview on 2/11/26 the LPN stated: -She began work at facility on 2/9/26 as a LPN. -She had shadowed the Registered Nurse and Medication Technician for 2 days. Interview on 2/11/26 the Chief Operations Officer	V 536		

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V 536	Continued From page 11 stated: -Staff should have NCI training annually -Staff #1 had not completed refresher training in NCI. -The LPN had started to work on 2/9/26. -The LPN had worked at the facility for orientation. -She would ensure all staff had NCI training prior to providing services to clients at the facility.	V 536		