

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-913	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2026
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NAME OF PROVIDER OR SUPPLIER PIONEER HEALTHCARE INC #3	STREET ADDRESS, CITY, STATE, ZIP CODE 2726 NEWSOME STREET RALEIGH, NC 27603
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 2/20/26. The complaint was substantiated (intake #NC00235329). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 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 review and interview, the facility failed to ensure fire drills were conducted under conditions that simulate the facility's response to</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>fire emergencies. The findings are:</p> <p>Review on 2/19/26 of the facility's fire drill log from January 2025 to January 2026 revealed:</p> <ul style="list-style-type: none"> - Fire drills were completed from 9pm-10:30pm, with the exception of 1 drill completed at 8:30am in August of 2025 <p>Interview on 2/19/26 Staff #1 reported:</p> <ul style="list-style-type: none"> - There were 24 hour shifts at the facility - She was the "main staff" at the facility <p>Interview on 2/20/26 Client #1 reported:</p> <ul style="list-style-type: none"> - Fire drills were completed at night - She "can't remember when they were done before the night" <p>Interview on 2/19/26 Client #4 reported:</p> <ul style="list-style-type: none"> - Had done fire drills at other times, but "lately been done at night after bed" <p>Interview on 2/19/26 Staff #1 reported:</p> <ul style="list-style-type: none"> - She was responsible for completing the fire drills - She completed fire drills "mostly" at night since January 2025 - The drills were completed "at night after the clients went to bed between 9pm and 10:30pm" - Did not know that the fire drills needed to be completed at different times each quarter <p>Interview on 2/20/26 the Supervisor reported:</p> <ul style="list-style-type: none"> - She was responsible to ensure fire drills were completed, "I'm supposed to check the fire drills" - She "may have not reviewed the fire drill logs as closely as I should have" - Would ensure staff were retrained on fire drills <p>Interview on 2/20/26 the Licensee/Owner</p>	V 114		

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V 114	Continued From page 2 reported: - Staff were responsible for completing fire drills - The Supervisor would look at the fire drill logs to ensure the drills were completed	V 114		
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	V 367		

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

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V 367	<p>Continued From page 4</p> <p>the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</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 interview, the facility failed to report a Level II incident to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 2/17/26 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - No IRIS reports were completed from 12/1/25 to 2/17/26 <p>Review on 2/19/26 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 7/29/22 - Diagnoses: Bipolar Disorder, Hypertension, Depression, Arthritis - Admission to a local hospital from 12/17/25 to 12/19/25 - Admission to a local behavioral health hospital from 12/19/25 to 1/5/26 <p>Interview on 2/19/26 Client #1 reported:</p> <ul style="list-style-type: none"> - The police "picked me up" from the facility in 	V 367		

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V 367	<p>Continued From page 5</p> <p>December of 2025 due to her having increased "hallucinations and mental breakdowns"</p> <p>Interview on 2/19/26 Staff #1 reported:</p> <ul style="list-style-type: none"> - Client #1 was involuntarily committed (IVC) on 12/17/25 - Client #1 "started having mental breakdowns in November (2025)" and she "thought they would go away" - On 12/17/25, Client #1 had "been up the whole night talking to herself" - The Supervisor went to the magistrates office and completed the IVC paperwork - The police came and transported Client #1 from the facility on 12/17/25 to the local hospital <p>Interview on 2/20/26 the Supervisor reported:</p> <ul style="list-style-type: none"> - Staff #1 reported to her that Client #1 had an increase in behaviors on 12/17/25 - She went to the magistrate's office to get the IVC paperwork completed - She called the police and they came to the facility to pick up Client #1 - She reported the incident to the Qualified Professional (QP) - The QP was responsible for completing IRIS reports <p>Interview on 2/19/25 and 2/20/25 the QP reported:</p> <ul style="list-style-type: none"> - The Supervisor made her aware that Client #1 was IVCd on 12/17/25 and the police were called - She was responsible for completing the IRIS reports - She was "not sure" why she did not complete an IRIS report for this incident 	V 367		

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V 736 V 736	<p>Continued From page 6</p> <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive, and orderly manner. The findings are:</p> <p>Observation on 2/19/26 at approximately 1:20pm revealed:</p> <ul style="list-style-type: none"> - Kitchen <ul style="list-style-type: none"> - Two of the floor boards in front of the sink were separated which created a gap of about half an inch wide - The baseboards had black spots throughout that ranged from 1/2 to 1.5 inches in length - The door to the laundry room had two holes about 1 inch in diameter on the bottom of the door - Hallway <ul style="list-style-type: none"> - The vent on the wall across from the staff room had gray dust on about 3/4 of the vent - Hallway Bathroom <ul style="list-style-type: none"> - The left vanity door veneer was peeling on the top right corner about 3 inches long, exposing the wood underneath - Entire Facility <ul style="list-style-type: none"> - A buildup of a gray and black substance throughout the baseboards ranging from 1/2 to 1.5 inches in length <p>Interview on 2/19/26 Staff #1 reported:</p> <ul style="list-style-type: none"> - She was responsible for maintaining the 	V 736 V 736		

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V 736	<p>Continued From page 7</p> <p>cleanliness of the facility</p> <ul style="list-style-type: none"> - She was not sure how long the floor boards had been separated or how long the bathroom vanity door had been peeling - She "did not see that the baseboards needed to be cleaned" <p>Interview on 2/20/26 the Supervisor reported:</p> <ul style="list-style-type: none"> - Staff #1 was responsible for cleaning the facility and reporting any maintenance repairs needed to her or the Licensee/Owner - She "had been getting on [Staff #1] about keeping the house (facility) clean" - "Sometimes there are no good housekeepers" - The Licensee/Owner was responsible to ensure maintenance repairs were completed - She was not sure how long the floorboards were separated and did not report to the Licensee/Owner because she "thought [Licensee/Owner] already knew" and "[Staff #1] already told her (Licensee/Owner)" about the floors - She was not aware the bathroom vanity veneer was peeling <p>Interview on 2/20/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - The facility staff were responsible for keeping the facility clean - The Licensee/Owner was responsible for ensuring the facility repairs were completed - Had not noticed or been told about the repairs needed at the facility <p>Interview on 2/20/26 the Licensee/Owner reported:</p> <ul style="list-style-type: none"> - It had not been reported that any repairs were needed at the facility - Staff #1 was responsible for ensuring the 	V 736		

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V 736	Continued From page 8 facility was clean	V 736		