

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-973</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/23/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TWINKLE-STAR HOME SERVICES LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1921 WATERS DRIVE</b> <b>RALEIGH, NC 27610</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 2/23/26. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 105	<p><b>27G .0201 (A) (1-7) Governing Body Policies</b></p> <p><b>10A NCAC 27G .0201 GOVERNING BODY POLICIES</b></p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 105	Continued From page 1  (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement their admission policy affecting 2 of 4 audited current clients (#3 and #4) and failed to implement their retention of records policy and discharge policy for 1 of 1 former client (FC #6). The findings are:</p> <p>Review on 2/18/26 of the facility's admission policy revealed: - "[The facility] Qualified Professionals, Administrator or his designees will be allowed to admit clients to these services after reviewing all materials from the referral source."</p> <p>Review on 2/18/26 of the facility's discharge policy revealed: - "...Complete a discharge summary within 24hours of discharge."</p> <p>Review on 2/23/26 of the facility's retention of records policy revealed: - "...inactive client records of individuals who have received services as a result of a contractual agreement between [the facility] will be retained and preserved for at least 5 years following the death or discharge of the client."</p> <p>Review on 2/17/26 of client #3's record revealed: - Admitted: 2/4/26 - Diagnoses: Hyperlipidemia, Anxiety, Gastroesophageal Reflux Disease (GERD), Bipolar Disorder, Nicotine Dependence, Insomnia, Vitamin D Deficiency, Schizophrenia - No documentation in client's record to show a screening or assessment of the client's needs, if the facility could provide services or the</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>disposition with recommendations to this facility</p> <p>Review on 2/17/26 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 2/4/26</li> <li>- Diagnoses: Schizophrenia, Post-traumatic Stress Disorder, Diabetes, GERD, Hyperlipidemia, Low B12 and Vitamin D, History of Hyperthermia as a result of seizures</li> <li>- No documentation in client's record to show a screening or assessment of the client's needs, if the facility could provide services or the disposition with recommendations to this facility</li> </ul> <p>Review on 2/23/26 of FC #6's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 2/3/26</li> <li>- Discharged: 2/4/26</li> <li>- Diagnoses: Autistic Disorder, Paranoid Schizophrenia, Other specific forms of Tremor, Type 2 Diabetes with unspecified cause, Essential Primary Hypertension, Vitamin B Deficiency, Asthma, Hyperlipidemia, GERD, Allergic Rhinitis, Pruritic Rash</li> <li>- No documentation in client's record to show a screening or assessment of the client's needs, if the facility could provide services or the disposition with recommendations to this facility</li> <li>- No documentation of a discharge summary</li> <li>- No client records available to review</li> </ul> <p>Interviews on 2/17/26 and 2/23/26 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- The facility admitted clients #3 and #4 last week from an assisted living facility that closed due to having no heat or hot water</li> <li>- She and the Administrator were responsible for the admission and discharge process for clients at the facility</li> <li>- She was not involved in the admission process for clients #3 and #4 and only reviewed their information on 2/16/26</li> </ul>	V 105		

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V 105	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- There was no admission screening for clients #3 and #4</li> <li>- She did not have any client records or information regarding FC #6's admission to or discharge from the facility</li> </ul> <p>Interviews on 2/17/26 and 2/23/26 the Administrator reported:</p> <ul style="list-style-type: none"> <li>- On 2/3/26, around 3:30am, an assisted living facility with no heat and no hot water, brought FC#6 to her facility for an emergency relocation</li> <li>- On 2/4/26, FC#6 was moved to another facility</li> <li>- Clients #3 and #4, also emergency relocation clients from the assisted living facility, were moved to this facility on 2/4/26</li> <li>- The assisted living facility had asked about available beds at the facility, but did not provide any information about the needs of clients they wanted temporarily placed or when they would need to be admitted</li> <li>- She typically would meet clients and conduct a screening with the assistance of the QP prior to their admission</li> <li>- Due to the circumstances, she did not do that with clients #3 and #4 or FC #6 prior to their admission</li> <li>- She did not consider them as "admitted" to the facility due to the emergency relocation</li> <li>- Due to FC #6's limited time at the facility, she did not think a discharge summary was required for his transfer</li> <li>- There were no records at the facility for FC #6</li> </ul>	V 105		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p>	V 108		

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V 108	<p>Continued From page 5</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> <li>(1) general organizational orientation;</li> <li>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</li> <li>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</li> <li>(4) training in infectious diseases and bloodborne pathogens.</li> </ol> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 3 audited staff (staff #1 and #3) had required training to meet the needs of the clients. The findings are:</p>	V 108		

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V 108	<p>Continued From page 6</p> <p>Review on 2/18/26 of staff #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Date of Hire: 9/30/22</li> <li>- Job Title: Habilitation Technician</li> <li>- No documentation of training to meet the individual needs of clients #3 and #4 and former client (FC#6)</li> </ul> <p>Review on 2/18/26 of staff #3's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Date of Hire: 11/25/24</li> <li>- Job Title: Habilitation Technician</li> <li>- No documentation of training to meet the individual needs of clients #3 and #4 and FC#6</li> </ul> <p>Interview on 2/17/26 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- He worked 2 weeks at the facility and then was off for 2 weeks</li> <li>- Clients #3 and #4 admitted to the facility during the previous 2 weeks that he was off</li> <li>- He had only returned to work at the facility a "couple of days ago"</li> <li>- He did not receive any additional training prior to working with clients #3 and #4 at the facility</li> <li>- He was not at the facility when FC#6 was admitted or discharged</li> </ul> <p>Interview on 2/19/26 staff #2 reported:</p> <ul style="list-style-type: none"> <li>- He worked 2 weeks at the facility and then was off for 2 weeks</li> <li>- He had not worked at the facility in "about 4 weeks"</li> <li>- He had not worked with clients #3 or #4 or FC#6 and had not gotten any training on their individual needs</li> <li>- He did not know when he would return to work at the facility</li> </ul> <p>Interview on 2/19/26 staff #3 reported:</p> <ul style="list-style-type: none"> <li>- He worked at the facility as a fill-in staff and</li> </ul>	V 108		

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V 108	<p>Continued From page 7</p> <p>did not work there often</p> <ul style="list-style-type: none"> <li>- He had last worked at the facility "2 weeks ago"</li> <li>- FC#6 and another client were dropped off on 2/3/26 around 3:30am when he was working</li> <li>- He was informed "about 8 hours prior" that the 2 new clients were coming to the facility</li> <li>- He did not know who the clients were going to be and did not know anything about them</li> <li>- He only knew that the clients were displaced from their current residence</li> <li>- He "waited for them (new clients) all night and they finally came in late"</li> <li>- No one talked to him about anything going on with the clients before they came and they had nothing that provided him any information on their diagnoses, medical or physical needs</li> <li>- "I had to do my best"</li> <li>- On 2/4/26, FC#6 was taken to a different facility and the other client remained at the facility</li> <li>- He did not recall another client being admitted while he was at the facility</li> </ul> <p>Interviews on 2/17/26 and 2/23/26 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- The facility admitted 2 new clients last week, clients #3 and #4</li> <li>- The 2 new clients were moved from an assisted living facility that closed due to having no heat or hot water</li> <li>- She was not involved in their admission and only reviewed their information on 2/16/26</li> <li>- She did not know the information about FC #6's admission or discharge from the facility</li> <li>- She met with staff #1 on 2/16/26 and provided him some training on clients #3 and #4, but he did not have any training prior to that on clients' diagnoses or medical or physical needs</li> <li>- Staff #3 was at the facility when clients #3 and #4 and FC #6 admitted and did not receive</li> </ul>	V 108		

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V 108	Continued From page 8  any training on their needs  Interview on 2/17/26 the Administrator reported: - On 2/3/26, around 3:30am, an assisted living facility with no heat and no hot water, brought FC#6 to her facility for an emergency relocation - On 2/4/26, FC#6 was moved to another facility, and clients #3 and #4, also emergency relocation clients from the assisted living facility, were moved to this facility - The assisted living facility had asked about available beds at her facility, but did not provide any information about the needs of clients they wanted temporarily placed or when they would need to be admitted - The assisted living facility only brought the clients with 2 days of clothing, their medication and FL2s - Staff did not receive any training on the clients diagnoses or behavioral, physical or medical needs because she did not have any information prior to their admission	V 108		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program	V 111		

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V 111	<p>Continued From page 9</p> <p>shall have an established diagnosis upon admission;</p> <p>(4) a pertinent social, family, and medical history; and</p> <p>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</p> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an admission assessment was completed for 2 of 4 audited current clients (#3 and #4) and 1 of 1 former client (FC #6) was completed prior to delivery of services. The findings are:</p> <p>Review on 2/17/26 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 2/4/26</li> <li>- Diagnoses: Hyperlipidemia, Anxiety, Gastroesophageal Reflux Disease (GERD), Bipolar Disorder, Nicotine Dependence, Insomnia, Vitamin D Deficiency, Schizophrenia</li> <li>- No documentation of an an admission assessment</li> </ul>	V 111		

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V 111	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>- No documentation of client's presenting problem, strengths or needs</li> </ul> <p>Review on 2/17/26 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 2/4/26</li> <li>- Diagnoses: Schizophrenia, Post-traumatic Stress Disorder, Diabetes, GERD, Hyperlipidemia, Low B12 and Vitamin D, History of Hyperthermia as a result of seizures</li> <li>- No documentation of an an admission assessment</li> <li>- No documentation of client's presenting problem, strengths or needs</li> </ul> <p>Review on 2/23/26 of FC #6's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 2/3/26</li> <li>- Discharged: 2/4/26</li> <li>- Diagnoses: Autistic Disorder, Paranoid Schizophrenia, Other specific forms of Tremor, Type 2 Diabetes with unspecified cause, Essential Primary Hypertension, Vitamin B Deficiency, Asthma, Hyperlipidemia, GERD, Allergic Rhinitis, Pruritic Rash</li> <li>- No documentation of an an admission assessment</li> <li>- No documentation of client's presenting problem, strengths or needs</li> </ul> <p>Interviews on 2/17/26 and 2/23/26 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- The facility admitted clients #3 and #4 last week from an assisted living facility that closed due to having no heat or hot water</li> <li>- She was responsible for completing admission assessments for new clients admitting to the facility</li> <li>- She was not involved in their admission and only reviewed their information on 2/16/26</li> <li>- She did not have information regarding FC #6's admission to the facility</li> </ul>	V 111		

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(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 111	Continued From page 11  Interview on 2/17/26 the Administrator reported: - On 2/3/26, around 3:30am, an assisted living facility with no heat and no hot water, brought FC#6 to her facility for an emergency relocation - On 2/4/26, FC#6 was moved to another facility, and clients #3 and #4, also emergency relocation clients from the assisted living facility, were moved to this facility - The assisted living facility had asked about available beds at her facility, but did not provide any information about the needs of clients they wanted temporarily placed or when they would need to be admitted - She typically would meet clients, conduct a screening and discuss an admission with the QP - Due to the circumstances, she did not do that with clients #3 and #4 or FC #6 prior to their admission - She did not consider them as "admitted" to the facility due to the emergency relocation and admission assessments were not completed for clients #3 and #4 or FC #6	V 111		
V 113	27G .0206 Client Records  10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse	V 113		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-973</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/23/2026</b>
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V 113	<p>Continued From page 12</p> <p>diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain complete client records affecting 2 of 4 audited current clients (#3 and #4) and 1 of 1 former client (FC #6). The findings are:</p>	V 113		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-973</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/23/2026</b>
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V 113	<p>Continued From page 13</p> <p>Review on 2/17/26 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 2/4/26</li> <li>- Diagnoses: Hyperlipidemia, Anxiety, Gastroesophageal Reflux Disease (GERD), Bipolar Disorder, Nicotine Dependence, Insomnia, Vitamin D Deficiency, Schizophrenia</li> <li>- No documentation of an identification face sheet</li> <li>- No documentation of an admission date</li> <li>- No documentation of emergency information for client #3</li> <li>- No signed statement from client #3's legal guardian granting permission to see emergency care</li> <li>- No documentation of services provided</li> </ul> <p>Review on 2/17/26 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 2/4/26</li> <li>- Diagnoses: Schizophrenia, Post-traumatic Stress Disorder, Diabetes, GERD, Hyperlipidemia, Low B12 and Vitamin D, History of Hyperthermia as a result of seizures</li> <li>- No documentation of an identification face sheet</li> <li>- No documentation of an admission date</li> <li>- No documentation of emergency information for client #4</li> <li>- No signed statement from client #4's legal guardian granting permission to see emergency care</li> <li>- No documentation of services provided</li> </ul> <p>Review on 2/23/26 of FC #6's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 2/3/26</li> <li>- Discharged: 2/4/26</li> <li>- Diagnoses: Autistic Disorder, Paranoid Schizophrenia, Other specific forms of Tremor, Type 2 Diabetes with unspecified cause, Essential Primary Hypertension, Vitamin B Deficiency, Asthma, Hyperlipidemia, GERD,</li> </ul>	V 113		

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V 113	<p>Continued From page 14</p> <p>Allergic Rhinitis, Pruritic Rash</p> <ul style="list-style-type: none"> <li>- No documentation of an identification face sheet</li> <li>- No documentation of an admission or discharge date</li> <li>- No documentation of emergency information for FC #6</li> <li>- No signed statement from FC #6's legal guardian granting permission to see emergency care</li> <li>- No documentation of services provided</li> </ul> <p>Interviews on 2/17/26 and 2/23/26 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- The facility admitted clients #3 and #4 last week from an assisted living facility that closed due to having no heat or hot water</li> <li>- She and the Administrator were responsible for developing client records during the admission process and planning client discharges</li> <li>- She was not involved in the admission process for clients #3 and #4 and only reviewed their information on 2/16/26</li> <li>- She did not have information regarding FC #6's admission to or discharge from the facility</li> <li>- Complete client records were not developed for clients #3 and #4 or FC #6</li> </ul> <p>Interview on 2/17/26 the Administrator reported:</p> <ul style="list-style-type: none"> <li>- On 2/3/26, around 3:30am, an assisted living facility with no heat and no hot water, brought FC#6 to her facility for an emergency relocation</li> <li>- On 2/4/26, FC#6 was moved to another facility, and clients #3 and #4, also emergency relocation clients from the assisted living facility, were moved to this facility</li> <li>- The assisted living facility had asked about available beds at her facility, but did not provide any information about the needs of clients they wanted temporarily placed or when they would</li> </ul>	V 113		

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V 113	Continued From page 15  need to be admitted - She typically would meet clients, conduct a screening, plan an admission and develop a complete client record with the QP - Due to the circumstances, she did not do that with clients #3 and #4 or FC #6 prior to their admission - She had been attempting to obtain written consent from the guardians of clients #3 and #4 but had not yet received it - She did not consider them as "admitted" to the facility due to the emergency relocation and complete client records were not developed for clients #3 and #4 or FC #6	V 113		
V 289	27G .5601 Supervised Living - Scope  10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which	V 289		

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V 289	<p>Continued From page 16</p> <p>serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p>	V 289		

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V 289	<p>Continued From page 17</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to operate within the scope of their program by admitting clients without developmental disabilities affecting 2 of 4 audited clients (#3 and #4). The findings are:</p> <p>Review on 2/17/26 of the facility's license revealed:</p> <ul style="list-style-type: none"> <li>- The facility was licensed for Supervised Living for Adults with Developmental Disabilities</li> </ul> <p>Review on 2/17/26 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 2/4/26</li> <li>- Diagnoses: Hyperlipidemia, Anxiety, Gastroesophageal Reflux Disease (GERD), Bipolar Disorder, Nicotine Dependence, Insomnia, Vitamin D Deficiency, Schizophrenia</li> <li>- No documentation of an Intellectual Developmental Disorder (IDD) diagnosis</li> </ul> <p>Review on 2/17/26 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Admitted: 2/4/26</li> <li>- Diagnoses: Schizophrenia, Post-traumatic Stress Disorder, Diabetes, GERD, Hyperlipidemia, Low B12 and Vitamin D, History of Hyperthermia as a result of seizures</li> <li>- No documentation of an IDD diagnosis</li> </ul> <p>Interview on 2/18/26 the Department of Social Services (DSS) legal guardian for client #3 reported:</p> <ul style="list-style-type: none"> <li>- Client #3 moved to the facility suddenly on 2/4/26 due to his assisted living facility having no heat or hot water</li> <li>- Client #3 did not have an IDD diagnosis</li> </ul>	V 289		

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V 289	<p>Continued From page 18</p> <p>Interview on 2/18/26 the DSS legal guardian for client #4 reported:</p> <ul style="list-style-type: none"> <li>- Client #4 moved to the facility suddenly on 2/4/26 due to his assisted living facility having no heat or hot water</li> <li>- Client #4 would like to remain at the facility and not return to the assisted living facility</li> <li>- Client #4 did not have an IDD diagnosis</li> </ul> <p>Interview on the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> <li>- The facility admitted 2 new clients last week, clients #3 and #4</li> <li>- The 2 new clients were moved from an assisted living facility that closed due to having no heat or hot water</li> <li>- She was no involved in their admission but she had reviewed their records and noted they did not have documented IDD diagnoses</li> </ul> <p>Interviews on 2/17/26 and 2/23/26 the Administrator reported:</p> <ul style="list-style-type: none"> <li>- She admitted 2 clients from an assisted living facility on 2/3/26, clients #3 and #4</li> <li>- The assisted living facility had no light, heat or hot water</li> <li>- The assisted living facility had called and inquired about available beds but did not inform her of an official plan for the clients</li> <li>- On 2/3/26, around 3:00am, the assisted living facility brought clients #3 and #4 and left them other facilities at which she is the Administrator and she moved them to this facility on 2/4/26</li> <li>- She typically would meet clients, conduct a screening and discuss an admission with the QP</li> <li>- Due to the circumstances, she did not do that with clients #3 and #4 prior to their admission</li> <li>- She did not know that clients #3 and #4 did not have IDD diagnoses prior to their admission</li> </ul>	V 289		

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V 513	Continued From page 19	V 513		
V 513	<p>27E .0101 Client Rights - Least Restrictive Alternative</p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <p>(1) using the least restrictive and most appropriate settings and methods;</p> <p>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and</p> <p>(4) sharing of control over decisions with the client/legally responsible person and staff.</p> <p>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to use the least restrictive and most appropriate method. The findings are:</p> <p>Observation at 11:31am on 2/17/26 revealed:</p> <ul style="list-style-type: none"> <li>- The kitchen refrigerator had hasps on the freezer and refrigerator doors</li> </ul>	V 513		

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V 513	<p>Continued From page 20</p> <ul style="list-style-type: none"> <li>- Two pad locks were laying on the kitchen counter beside the refrigerator</li> </ul> <p>Attempted interview on 2/17/26 with client #1 was not successful as client is non-verbal</p> <p>Interview on 2/17/26 client #2 reported:</p> <ul style="list-style-type: none"> <li>- The refrigerator was locked "sometimes"</li> <li>- The refrigerator was usually locked at night and sometimes during the day</li> <li>- If he wanted something to eat or drink while the refrigerator was locked, he would ask staff and they would help him</li> <li>- He did not know why the refrigerator was locked</li> </ul> <p>Interview on 2/17/26 client #3 reported:</p> <ul style="list-style-type: none"> <li>- He got enough to eat at the facility</li> <li>- The refrigerator was not locked during the day but he did not know if it was locked at night</li> <li>- If he wanted a snack at night, he would ask staff</li> <li>- "Don't eat that much anyway"</li> </ul> <p>Interview on 2/17/26 client #4 reported:</p> <ul style="list-style-type: none"> <li>- The refrigerator was locked at night</li> <li>- If he was hungry at night, he would just wait until morning to get something to eat</li> </ul> <p>Interview on 2/17/26 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- He had worked at the facility since 2023</li> <li>- He had always locked the refrigerator at night</li> <li>- "Lock it at night around 8:00pm so clients wont go in. We have one (client) that will steal food"</li> <li>- Steal meant to "take food without asking"</li> <li>- Client #5 would sometimes overate and would get up during the night and eat</li> <li>- "I don't want to say the wrong thing"</li> </ul>	V 513		

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V 513	<p>Continued From page 21</p> <p>Interview on 2/18/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- She was not aware of locks on refrigerator</li> <li>- When she visited the facility during the day, she had never seen the refrigerator locked</li> <li>- She "did not sanction" locking the refrigerator at any time</li> <li>- The Administrator told her yesterday that client #2 was binge eating</li> <li>- Client #2 had only lived at the facility for a month</li> <li>- She instructed the Administrator to notify client #2's doctor about the concerns with his eating</li> <li>- The Administrator called client #2's doctor and the doctor denied an order for any sort of eating restriction</li> <li>- Client #2 does have a goal in his treatment plan about food, but that referred to making healthy food choices</li> </ul> <p>Interview on 2/17/26 the Administrator reported:</p> <ul style="list-style-type: none"> <li>- She instructed staff to lock the refrigerator because client #2 went into the refrigerator and gorged himself until he vomited</li> <li>- Client #2 had lived at the facility for a month</li> <li>- The issue with client #2's eating was reported to his doctor</li> <li>- The refrigerator was locked to help client #2</li> </ul> <p>Additional interview on 2/23/26 the Administrator reported:</p> <ul style="list-style-type: none"> <li>- The locks for the refrigerator had been removed</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 513		

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V 736 V 736	<p>Continued From page 22</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 and was not kept free from offensive odors. The findings are:</p> <p>Observation on 2/17/26 at approximately 11:31am revealed:</p> <ul style="list-style-type: none"> <li>- The white edges of the inside bottom shelf and the visible bottom interior of the refrigerator was covered in a brown sticky substance</li> <li>- The downstairs hallway floor was covered in a black substance throughout</li> <li>- The downstairs half bathroom toilet seat was up and the underneath was covered in brown spots</li> <li>- The downstairs half bathroom had a strong urine smell</li> <li>- The downstairs full bathroom shower floor was covered in a black substance</li> <li>- There was a chirping sound approximately every 60 seconds coming from a smoke detector in the downstairs hallway</li> <li>- The upstairs hallway bathroom: <ul style="list-style-type: none"> <li>- Shower door was covered in a plastic film that was peeling off about 8 inches up the door</li> <li>- Shower floor was covered in a black substance</li> <li>- Had an area about 12 inches by 12 inches behind the toilet that had been repaired but not painted, and a black substance was</li> </ul> </li> </ul>	V 736 V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-973</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/23/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TWINKLE-STAR HOME SERVICES LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1921 WATERS DRIVE</b> <b>RALEIGH, NC 27610</b>
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V 736	<p>Continued From page 23</p> <p>spotted throughout the repaired area</p> <p>Interview on 2/17/26 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- If repairs were needed at the facility, he would notify the Administrator</li> <li>- He was not sure where the smell came from in the downstairs half bathroom</li> <li>- He cleaned the bathrooms throughout the facility and mopped downstairs</li> </ul> <p>Interview on 2/23/26 staff #2 reported:</p> <ul style="list-style-type: none"> <li>- He had not worked at the facility in about a month</li> <li>- "When I work, I go downstairs and check things and always tell them to straighten beds"</li> <li>- He cleaned and mopped the downstairs area</li> <li>- He had noticed urine smell in the downstairs half bathroom</li> <li>- He thought the smell came from client #5 leaving adult incontinence underwear in the trash bag</li> <li>- Client #5 "doesn't do it when I'm there. I have him take it right outside."</li> <li>- Client #5 did not urinate in the floor</li> </ul> <p>Interview on 2/23/26 staff #3 reported:</p> <ul style="list-style-type: none"> <li>- He worked at the facility as a fill-in staff</li> <li>- He last worked at the facility 2 weeks ago</li> <li>- There were no issues and no repairs that were needed when he was last there</li> <li>- "If anything gets dirty, I clean it up"</li> <li>- The clients that used the downstairs bathrooms would get them dirty and not clean them</li> <li>- "It will be dirty until someone cleans it"</li> <li>- Not one client that was making the facility dirtier than another and no one urinated on the floor</li> </ul> <p>Interview on 2/19/26 the Qualified Professional</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-973</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/23/2026</b>
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V 736	<p>Continued From page 24</p> <p>reported:</p> <ul style="list-style-type: none"> <li>- The Administrator was responsible for repairs and maintenance of the facility</li> <li>- The Administrator mentioned the downstairs dirty bathrooms to her but reported that the bathrooms were not dirty downstairs and it did not smell</li> <li>- She had not been in the downstairs area in some time but was going to the facility and would check it out today</li> <li>- No one had mentioned anything to her about any behavior of any clients that would cause it to be have an odor</li> </ul> <p>Interviews on 2/17/26 and 2/23/26 the Administrator reported:</p> <ul style="list-style-type: none"> <li>- She was responsible for ensuring repairs were completed at the facility</li> <li>- She had a person that completed maintenance requests for her but he was not always consistent</li> <li>- She was in the process of replacing all the toilets at the facility to prevent additional plumbing issues</li> <li>- She was not sure the cleanliness of the downstairs but she thought client #5 would frequently urinate in the floor</li> </ul>	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116</p>	V 752		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-973</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/23/2026</b>
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V 752	<p>Continued From page 25</p> <p>degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the temperature of the hot water was maintained between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 2/17/26 at approximately 11:31am of the facility's hot water temperatures revealed:</p> <ul style="list-style-type: none"> <li>- Kitchen sink was 124 degrees Fahrenheit</li> <li>- Upstairs hallway bathroom sink and shower, downstairs half bathroom sink and downstairs full bathroom sink and shower were 122 degrees Fahrenheit</li> </ul> <p>Observation on 2/17/26 at 11:47am of the thermometer used by the facility to check water temperatures revealed a digital meat probe thermometer</p> <p>Attempted interview on 2/17/26 with client #1 was unsuccessful as client is non-verbal</p> <p>Interview on 2/17/26 client #2 reported:</p> <ul style="list-style-type: none"> <li>- The water temperature at the facility felt "good" and was "not too hot"</li> <li>- When he showered, he needed staff assistance to adjust the water temperature</li> </ul> <p>Interview on 2/17/26 client #3 reported:</p> <ul style="list-style-type: none"> <li>- The water temperature at the facility was "okay"</li> <li>- He was able to adjust the water temperature independently</li> </ul> <p>Interview on 2/17/26 client #4 reported:</p> <ul style="list-style-type: none"> <li>- The water temperature at the facility was "just</li> </ul>	V 752		

Division of Health Service Regulation

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V 752	<p>Continued From page 26</p> <p>fine" and "perfect"</p> <ul style="list-style-type: none"> <li>- He was able to adjust the water temperature independently</li> </ul> <p>Interview on 2/17/26 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- He checked the water temperature at the facility monthly</li> <li>- It typically was 107 degrees Fahrenheit when he checked it</li> <li>- He had just returned from bring off for 2 weeks so he had not checked it in at least 3 weeks</li> </ul> <p>Interview on 2/17/26 the Administrator reported:</p> <ul style="list-style-type: none"> <li>- She regularly checked the water temperature at the facility</li> <li>- The water temperature was usually 107 or 108 degrees Fahrenheit using her thermometer</li> <li>- She would have the water temperature checked and adjusted</li> <li>- The clients complained about the water being too cold</li> </ul> <p>Additional interview on 2/23/26 the Administrator reported:</p> <ul style="list-style-type: none"> <li>- She had the water temperature at the facility checked and adjusted</li> </ul>	V 752		