STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL042-092	A. BUILDING: _____ B. WING _____	R 02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWINKLE STAR HOME SERVICES 3	212 PINE RIDGE DRIVE ROANOKE RAPIDS, NC 27870

(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 An annual, follow up and complaint survey was completed on 2/23/26. The complaint was unsubstantiated (intake #NC00235367). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and has a current census of 3. The survey sample consisted of audits of 3 current clients, 1 attempted current client's record and 1 attempted former client's record.	V 000		
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 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	V 113		

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V 113	Continued From page 1 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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain client records for 1 of 4 audited current client (#4) and 1 of 2 former client (FC#5)'s record. The findings are: A. Attempted record review on 2/20/26 for client #4 revealed: - No client's record which contained the following: - An identification face sheet which includes: - Name (last, first, middle, maiden) - Date of birth, race, gender and marital status - Admission date - Documentation of mental illness,	V 113		

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V 113	Continued From page 2 developmental disabilities or substance abuse diagnosis coded according to DSM IV - Documentation of the screening and assessment - Treatment/habilitation or service plan - 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; - A signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician - Documentation of services provided - Documentation of progress toward outcomes - Medication orders - Orders and copies of lab tests During interview on 2/20/26 the Qualified Professional (QP) reported: - Client #4 was admitted to the facility around January 10, 2026 and went to the hospital around 2/10/26 - She completed the admission assessment and submitted it to the Licensee - Client #4 was inappropriate with female staff at the Licensee's family care facility - The guardian requested he be placed at the facility During interview on 2/20/26 and 2/23/26 the Licensee reported: - Client #4 came to the facility in January 2026 - He alleged he had a headache and was transported to the hospital - He later called and informed her he would not be returning to the facility - Client #4 liked to be in the facility with females	V 113		

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V 113	Continued From page 3 - He did not want to be at the facility due to it being a facility that consisted of males - She had a client record for client #4 but it was not at the facility - The documents in the record did not verify client #4 had an Intellectual Developmental Disorder - Client #4 had a case manager at the Local Management Entity/Managed Care Organization (LME/MCO) but left prior to client #4 being accessed for a mental health diagnosis - Had not spoken with the LME/MCO since January 2026 - The hospital had not reached out to her and neither had she reached out to the hospital regarding client #4's discharge - Wanted client #4 to be evaluated to see if he met the IDD diagnosis before he could return to the facility B. Attempted record review on 2/20/26 for FC#5 revealed: - No client's record which contained the following: - An identification face sheet which includes: - Name (last, first, middle, maiden) - Date of birth, race, gender and marital status - Admission date - Discharge date - Documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV - Documentation of the screening and assessment - 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;	V 113		

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V 113	Continued From page 4 - A signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician - Medication orders - Orders and copies of lab tests During interview on 2/20/26 the QP reported: - She had not met FC#5 and was not aware he was admitted to the facility During interview on 2/20/26 the Licensee reported: - Emergency services brought FC#5 to the facility in December 2025 (unsure of date) - He was at the facility 2 - 3 days - Staff called and informed her he knocked over a lamp and threw items in the facility - She transported him to her family care home	V 113		