

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2026
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NAME OF PROVIDER OR SUPPLIER WARM EMBRACE FAMILY CARE HOMES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 845 BURTON STREET ROCKY MOUNT, NC 27803
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed 2/27/26. 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 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</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 assess whether or not the facility could provide services to address 3 of 3 audited clients (#1, #2, #3) needs. The findings are:</p> <p>Review on 2/26/26 client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted: 6/20/25 - diagnoses: Schizophrenia, Traumatic Brain Injury, Cannabis Use Disorder - no documentation of a screening completed prior to admission <p>Review on 2/26/26 client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted: 6/27/25 - diagnoses: Schizoaffective Bipolar Disorder, Delusional Disorder, Hyperthyroidism, and Gastroesophageal Reflux Disease - no documentation of a screening completed prior to admission <p>Review on 2/26/26 client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted: 9/4/25 - diagnoses: Schizophrenia and Mild Intellectual Developmental Disability - no documentation of a screening completed prior to admission <p>Review on 2/26/26 of the facility's admission policy revealed:</p> <ul style="list-style-type: none"> - "...To assure that all individuals presenting at WEFCH (Warm Embrace Family Care Home) for professional services are appropriately screened." - "A. When a prospective client is referred for admission the administrator/QP (Qualified Professional) or his designee will conduct a 	V 105		

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V 105	Continued From page 3 screening assessment to determine needs for service. The results of the screening assessment are documented and address the following areas: 1. Presenting problems of individual. 2. Assessment of presenting problem(s) or need(s) 3. Disposition (referrals and/or recommendations) 4. Notify the referring agency/case manager within 48 hours prior to admission if possible." Interview on 2/26/26 the Chief Executive Officer (CEO)/Habilitation Technician (Hab Tech) reported: - he used the hospital's assessment and look at the diagnoses to see if the client meets the criteria for admission - he did not document any type of screening for admission - he was responsible for the screenings - he did not know he had to document anything - he would talk to the QP about doing admission screenings	V 105		
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	V 111		

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V 111	<p>Continued From page 4</p> <p>detrtoxification or other 24-hour medical program 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 admission assessments were completed for 3 of 3 audited clients (#1, #2, #3). The findings are:</p> <p>Review on 2/26/26 client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted: 6/20/25 - diagnoses: Schizophrenia, Traumatic Brain Injury, Cannabis Use Disorder - no documentation of an admission assessment being completed <p>Review on 2/26/26 client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted: 6/27/25 	V 111		

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V 111	<p>Continued From page 5</p> <ul style="list-style-type: none"> - diagnoses: Schizoaffective Bipolar Disorder, Delusional Disorder, Hyperthyroidism, and Gastroesophageal Reflux Disease - no documentation of an admission assessment being completed <p>Review on 2/26/26 client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted: 9/4/25 - diagnoses: Schizophrenia and Mild Intellectual Developmental Disability - no documentation of an admission assessment being completed <p>Review on 2/26/26 of the facility's admission policy revealed:</p> <ul style="list-style-type: none"> - "WEFCH (Warm Embrace Family Care Homes) is committed to the delivery of quality services to clients...E. Including an assessment of the individuals presenting problem or need. F. Presenting problems, needs, and Strengths of the clients. G. Social, family, and medical history. H. Evaluations of assessments such as psychiatric, substance abuse, medical and vocational, as related to the consumer's needs. I. The client assessment will be completed in no more than 72 hours..." - "...The admission findings and assessments shall be documented in admission form. The admission form shall contain to a minimum: name of client, date of birth, race, date of admission, diagnosis, gender, marital status, and a signature of the personnel completing the form." <p>Interview on 2/26/26 the Chief Executive Officer (CEO)/Habilitation Technician (Hab Tech) reported:</p> <ul style="list-style-type: none"> - he did not document any type of assessment for admission - the Qualified Professional (QP) was responsible for admission assessments 	V 111		

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V 111	<p>Continued From page 6</p> <ul style="list-style-type: none"> - he did not know they had to document admission assessments - he would talk to the QP about admission assessments <p>Interview on 2/27/26 the QP reported:</p> <ul style="list-style-type: none"> - he was responsible for admission assessments - he should have the admission assessments in the office and would email them <p>The QP failed to provide admission assessments prior to the exit of the survey, 2/27/26.</p>	V 111		
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</p>	V 114		

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V 114	<p>Continued From page 7</p> <p>failed to ensure disaster drills were completed at various times throughout the day. The findings are:</p> <p>Review on 2/26/26 the facility's March 2025 - December 2025 disaster drill log book revealed:</p> <ul style="list-style-type: none"> - drills were done twice in March, June, September, and December - all drills were done at the exact same time of 3:00pm - 3:04pm - evacuation time 2 - 10 minutes noted on each drill although the time was documented for 4 minutes 3:00pm - 3:04pm on every drill - type of disaster drill not documented - description of situation documented the same on all drills: "During Disaster Drill clients hide under the Bed, Inside closet, Inside Bathroom on hallway. Any hall away from Door/Window." <p>Interview on 2/26/26 client #1 reported:</p> <ul style="list-style-type: none"> - he did fire and disaster drills but didn't know how often - he had Traumatic Brain Injury and couldn't remember a lot of things <p>Interview on 2/26/26 client #2 reported:</p> <ul style="list-style-type: none"> - he did disaster drills but didn't know how often - he had not done a tornado drill yet - "it's like when I was in school, go to the hallway" <p>Interview on 2/26/26 the Chief Executive Officer (CEO)/Habilitation Technician (Hab Tech) reported:</p> <ul style="list-style-type: none"> - he did fire and disaster drills monthly - there were no issues with the client's completing the drills - he would start doing drills at different times 	V 114		

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V 114	Continued From page 8 Interview on 2/26/26 the Qualified Professional reported: - he oversaw the disaster drills and made sure they were completed - he didn't notice that the disaster drills were completed at the same time - he only made sure they were done - he would start looking more at the drills	V 114		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with	V 290		

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V 290	<p>Continued From page 9</p> <p>one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 3 of 3 audited clients (#1, #2, #3) were assessed and deemed capable of being in the community without staff supervision. The findings are:</p> <p>Review on 2/26/26 client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted: 6/20/25 - diagnoses: Schizophrenia, Traumatic Brain Injury, Cannabis Use Disorder - no documentation of an unsupervised time assessment being completed <p>Review on 2/26/26 client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted: 6/27/25 - diagnoses: Schizoaffective Bipolar Disorder, Delusional Disorder, Hyperthyroidism, and Gastroesophageal Reflux Disease 	V 290		

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V 290	<p>Continued From page 10</p> <ul style="list-style-type: none"> - no documentation of an unsupervised time assessment being completed <p>Review on 2/26/26 client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted: 9/4/25 - diagnoses: Schizophrenia and Mild Intellectual Developmental Disability - no documentation of an unsupervised time assessment being completed <p>Interview on 2/26/26 client #1, client #2, and client #3 reported:</p> <ul style="list-style-type: none"> - they rode public transportation to and from the day program - only the bus driver was on the bus and no staff <p>Interview on 2/26/26 the Chief Executive Officer (CEO)/Habilitation Technician (Hab Tech) reported:</p> <ul style="list-style-type: none"> - the clients attended the day program Monday - Friday - public transportation picked the clients up and brought them back to the facility - he had never done an unsupervised time assessment but maybe the Qualified Professional (QP) had <p>Interview on 2/26/26 the QP reported:</p> <ul style="list-style-type: none"> - he was responsible for unsupervised time assessments and had done them on these clients - he did not think that the clients being on public transportation as being unsupervised because they were with a designated person (the bus driver) and could not get off the bus "just anywhere" - he would start thinking about unsupervised time "that way" and would reassess them based on this criteria - he previously had the clients down as no 	V 290		

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V 290	Continued From page 11 unsupervised time because they always went in a group and were never alone and that's why he recommended "no unsupervised time"	V 290		
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> </p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to use the least restrictive and most appropriate method for 3 of 3</p>	V 513		

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V 513	<p>Continued From page 12</p> <p>audited clients (#1, #2, #3). The findings are:</p> <p>Review on 2/26/26 client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted: 6/20/25 - diagnoses: Schizophrenia, Traumatic Brain Injury, Cannabis Use Disorder - no authorization for the restriction of clients cigarettes <p>Interview on 2/26/26 client #1 reported:</p> <ul style="list-style-type: none"> - he smoked but he didn't hold his own cigarettes - he had to turn his cigarettes in at night and get them back the next day <p>Review on 2/26/26 client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted: 6/27/25 - diagnoses: Schizoaffective Bipolar Disorder, Delusional Disorder, Hyperthyroidism, and Gastroesophageal Reflux Disease - no authorization for the restriction of clients cigarettes <p>Interview on 2/26/26 client #2 reported:</p> <ul style="list-style-type: none"> - he held his cigarettes until nighttime then he had to give them to staff and got them back in the morning <p>Review on 2/26/26 client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted: 9/4/25 - diagnoses: Schizophrenia and Mild Intellectual Developmental Disability - no authorization for the restriction of clients cigarettes <p>Interview on 2/26/26 client #3 reported:</p> <ul style="list-style-type: none"> - he received 4 cigarettes to take to school (day program), 4 when he got done eating dinner, 1 in the morning and 1 when he got out of school at 3pm 	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2026
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NAME OF PROVIDER OR SUPPLIER WARM EMBRACE FAMILY CARE HOMES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 845 BURTON STREET ROCKY MOUNT, NC 27803
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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 513	<p>Continued From page 13</p> <ul style="list-style-type: none"> - he told staff that he would like to have more cigarettes to smoke while he was at the schoolhouse <p>Observation on 2/26/26 approximately 2:30pm:</p> <ul style="list-style-type: none"> - Chief Executive Officer (CEO)/Habilitation Technician (Hab Tech) asked client #3 if he wanted a cigarette - client #3 said yes and CEO/Hab Tech handed him a cigarette and lighter - client #3 went outside after getting a cigarette <p>Interview on 2/26/26 the CEO/Hab Tech reported:</p> <ul style="list-style-type: none"> - client #3's brother came to the facility and discussed limiting his cigarettes - client #3 would smoke the whole pack if he held his cigarettes - the CEO/Hab Tech tried to buy them enough cigarettes to last the month - if they finished their cigarettes, then there would be behaviors - he could give the cigarettes to them, but the cigarettes would be gone and there would be behavioral problems - he would make an appointment to discuss this with their doctor and the Qualified Professional (QP) and would document the meetings <p>Interview on 2/27/26 the QP reported:</p> <ul style="list-style-type: none"> - they hadn't discussed smoking with any of the clients doctors - it was more of an issue with the guardians and money - the client's would smoke all of their cigarettes at once if they kept their cigarettes - "some may smoke in their rooms in the night" so it prevented that but they were not restricting cigarettes - the facility was not going to set the house on 	V 513		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2026
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NAME OF PROVIDER OR SUPPLIER WARM EMBRACE FAMILY CARE HOMES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 845 BURTON STREET ROCKY MOUNT, NC 27803
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V 513	Continued From page 14 fire leaving the clients with their cigarettes and lighters at night - "it was instruction from the guardian"	V 513		