

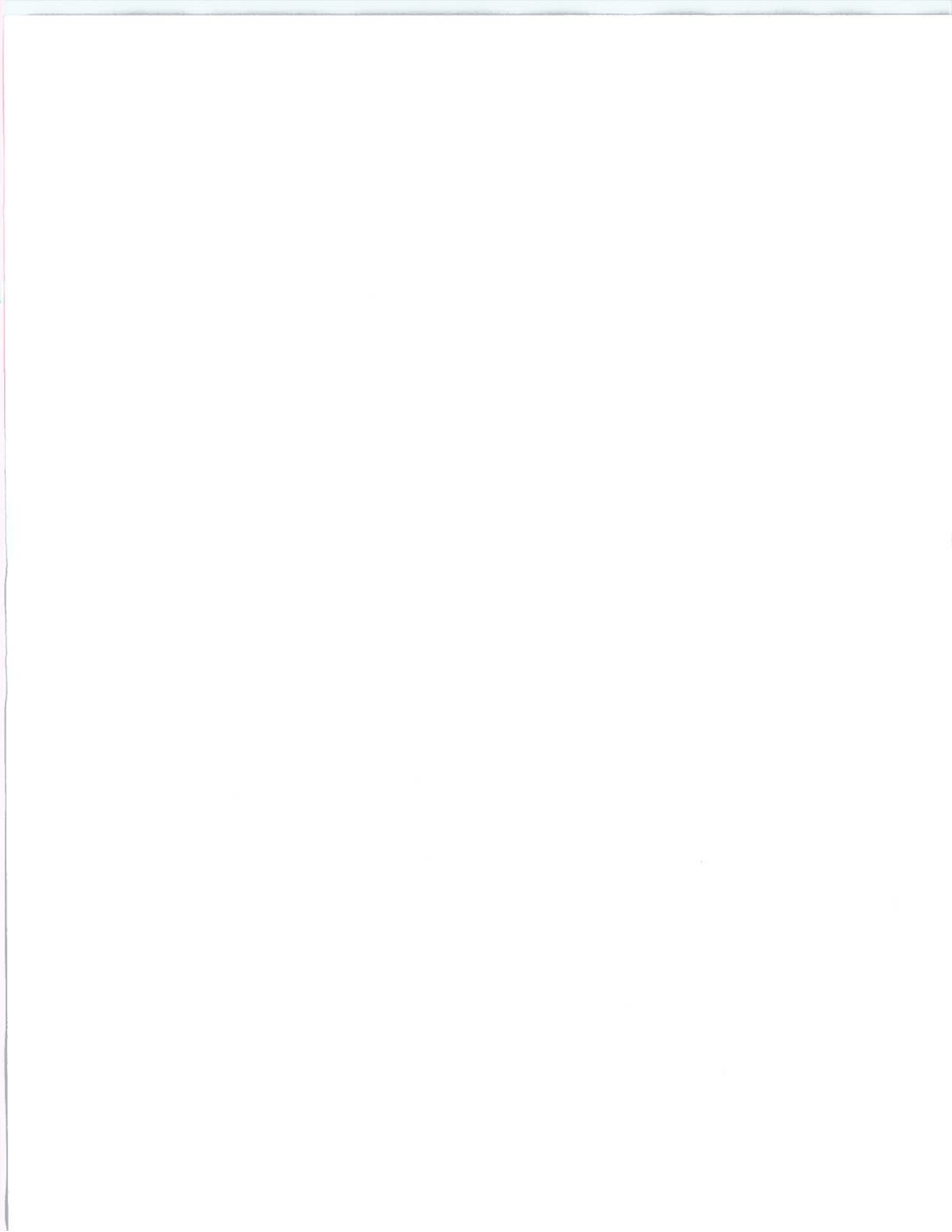
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/10/2025
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NAME OF PROVIDER OR SUPPLIER SCI MORGANTON DAY PROGRAM	STREET ADDRESS, CITY, STATE, ZIP CODE 115 STONEBRIDGE DRIVE MORGANTON, NC 28655
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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 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on December 10, 2025. The complaint was unsubstantiated (intake #NC00234738). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups.</p> <p>This facility has a current census of 27. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 318	<p>130 .0102 HCPR - 24 Hour Reporting</p> <p>10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR) within 24 hours of becoming aware of the allegation(s).</p>	V 318	<p>V 318 10A NCAC 130 .0102 HCPR – 24 Hour Reporting</p> <p><u>Correction</u> The process for reporting incidents has been evaluated. The VP of Operations will provide a refresher training to all QP's regarding incident reporting requirements.</p> <p><u>Prevention</u> Responsible QP and VP of Operations will review incidents as they occur to ensure that reporting requirements are followed.</p> <p>A member of the QM Team also reviews incident reports at least quarterly and provides support as needed.</p>	12/31/25

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Danell Albin, QM Manager</i>	TITLE 12/18/25 (X6) DATE
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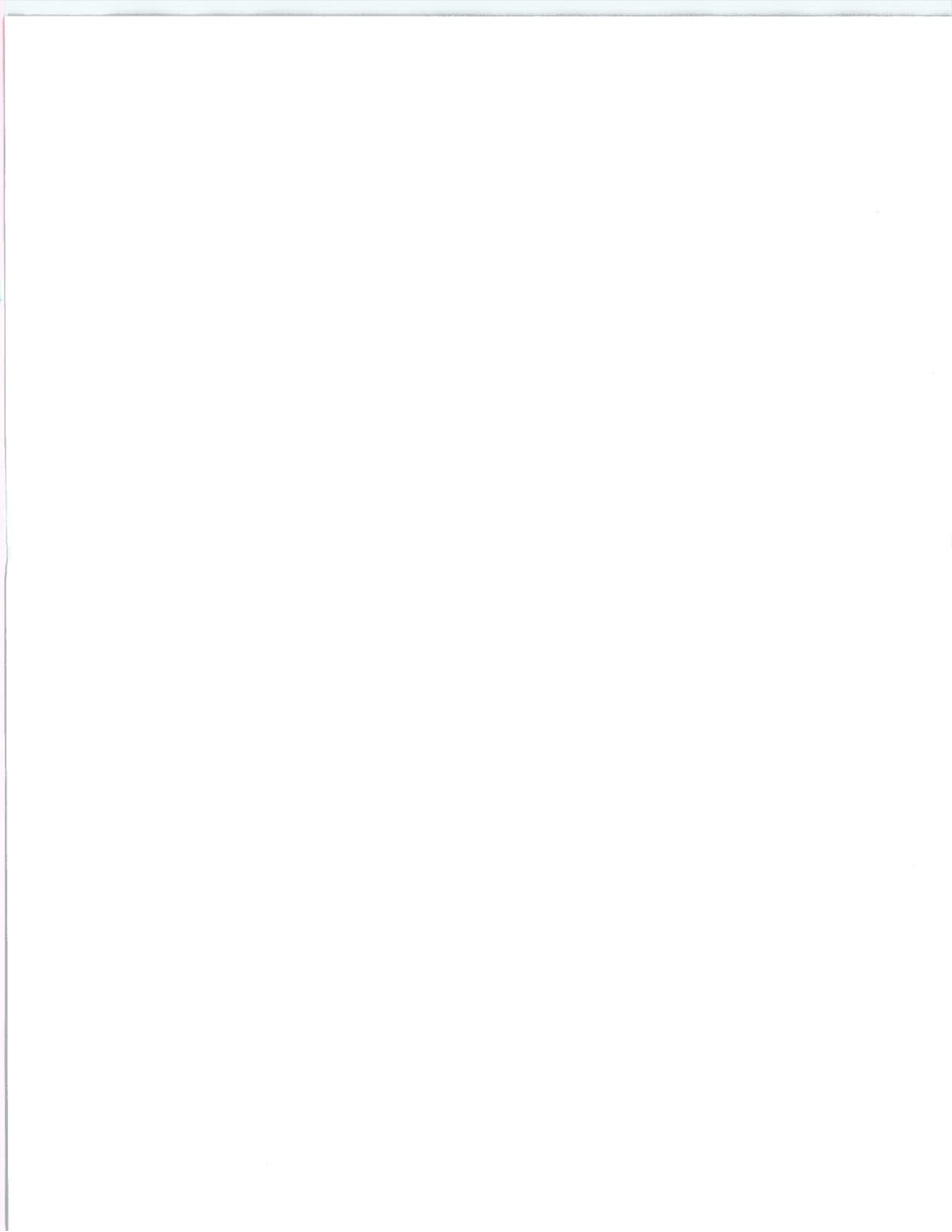


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V 318	<p>Continued From page 1</p> <p>The findings are:</p> <p>Review on 12/10/25 of Client #1's record revealed:</p> <ul style="list-style-type: none"> -Date of Admission: 11/4/24. -Diagnoses: Autistic Disorder and Severe Intellectual Disability. <p>Review on 12/10/25 of the North Carolina Incident Response Improvement System (IRIS) from 11/1/25-12/10/25 revealed:</p> <ul style="list-style-type: none"> -Date of Incident: 11/12/25. -Date Provider Learned of Incident: 11/13/25. -Incident Type: Allegation of Abuse. -Allegation Description: "...[Client #1's mother] was assisting [Client #1] with a shower on the evening of Thursday 11/13/25 and noticed a bruise on his left inner forearm. She asked [Client #1] how he got the bruise. He stated that the lady (Staff #1) hit him ...and he indicated with a fist that [Staff #1] punched him." -Incident Originally Submitted: 11/17/25. -Notification to HCPR: 11/17/25. <p>Interview on 12/10/25 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -Responsible for notifying HCPR of allegations of abuse, neglect, exploitation. -Reported Client #1's allegation against Staff #1 to HCPR by submitting a report into IRIS. -Unaware that notification to HCPR was required within 24 hours of learning of an allegation. -Would submit all future HCPR reports within 24 hours of becoming aware of an allegation involving staff. 	V 318		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT	V 367		

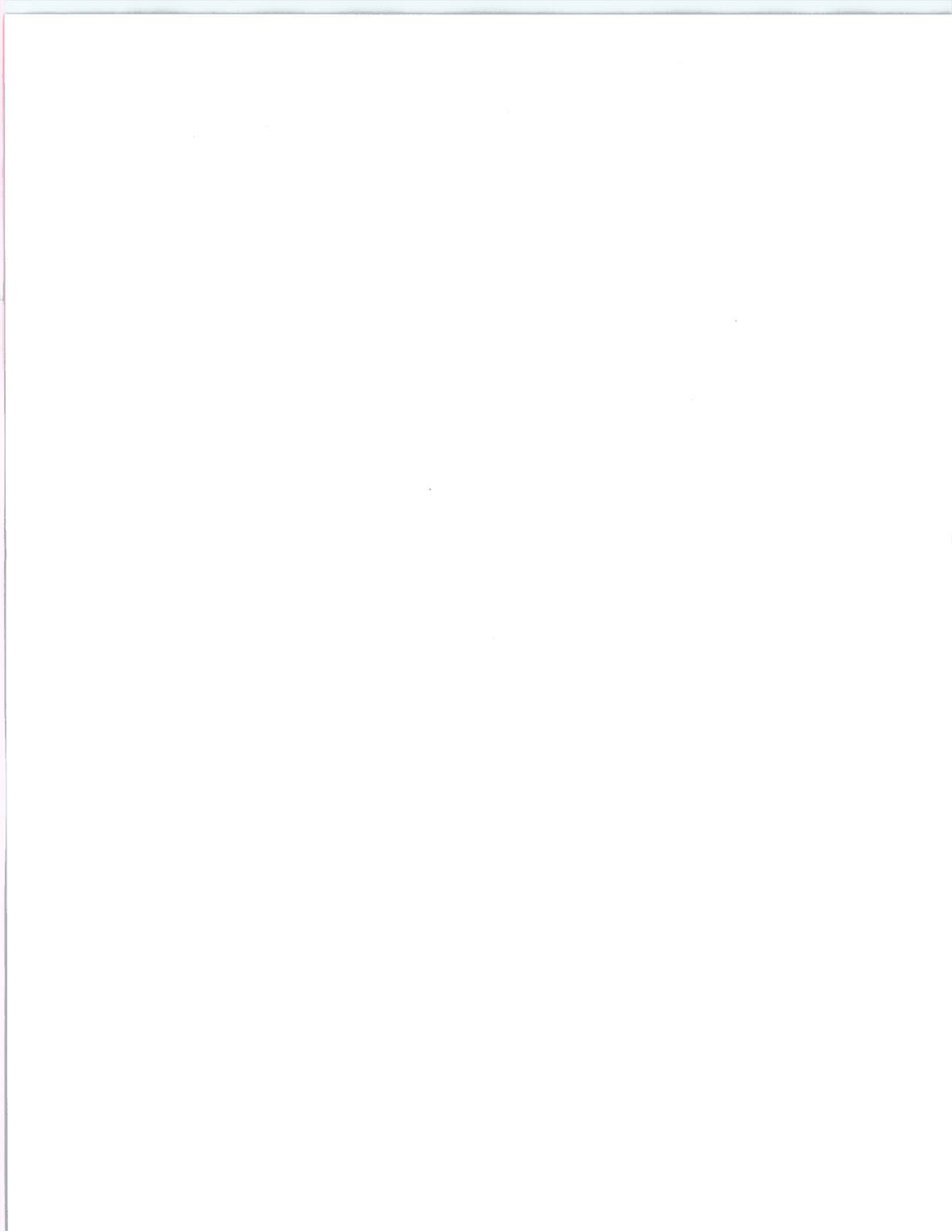


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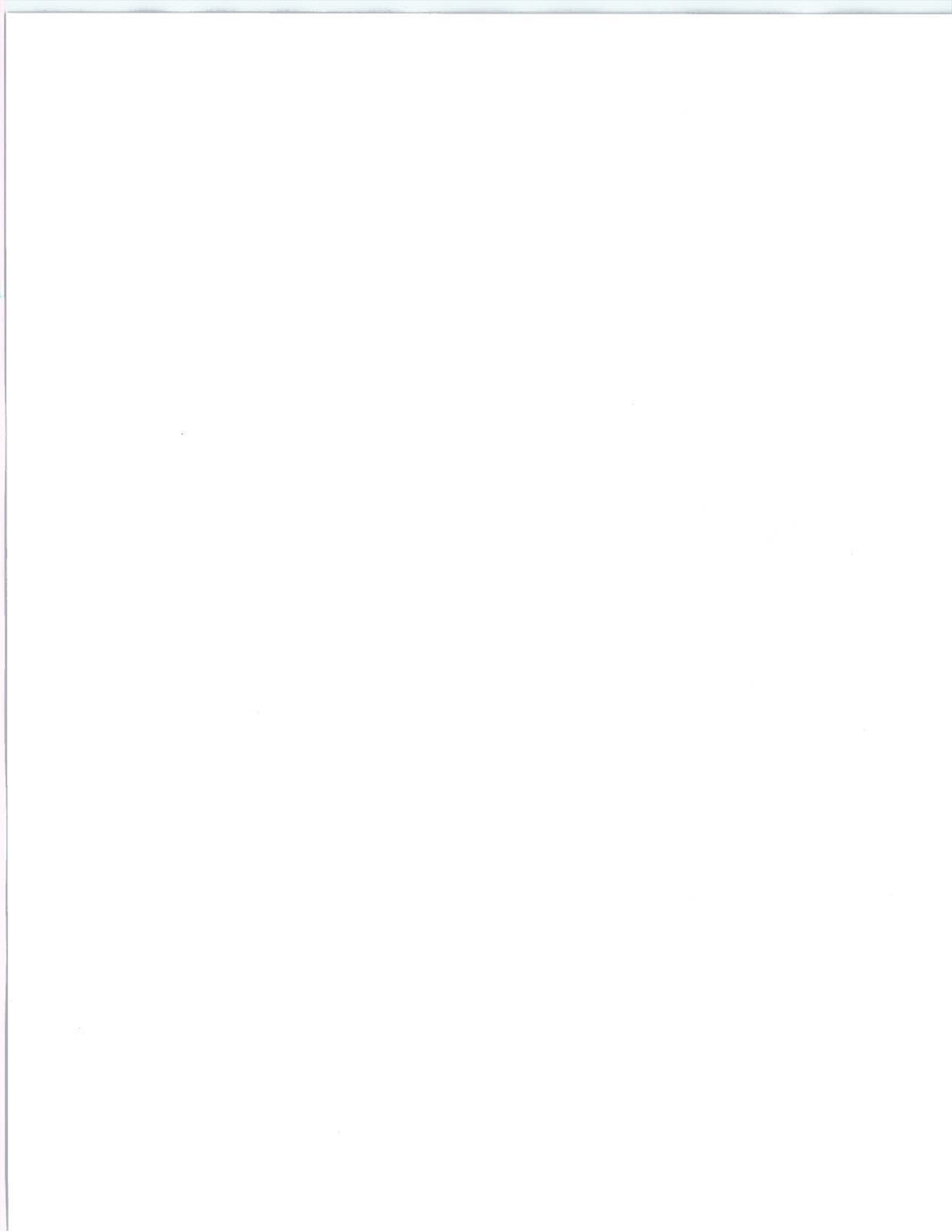
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V 367	<p>Continued From page 2</p> <p>REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the 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:</p> <ol style="list-style-type: none"> (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. <p>(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:</p> <ol style="list-style-type: none"> (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. <p>(c) Category A and B providers shall submit, upon request by the LME, other information</p>	V 367		



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V 367	Continued From page 3 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) through (4) of this Paragraph.	V 367			

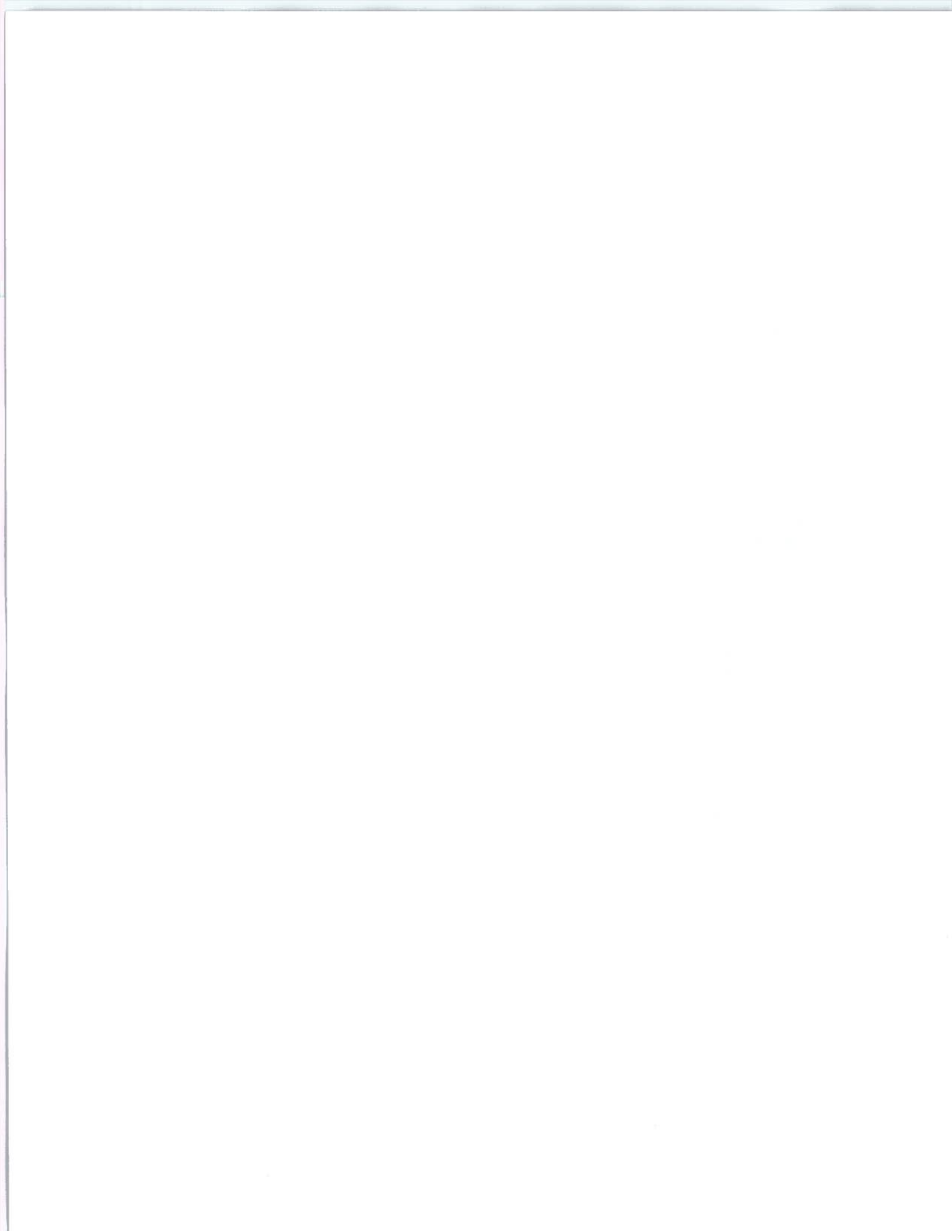


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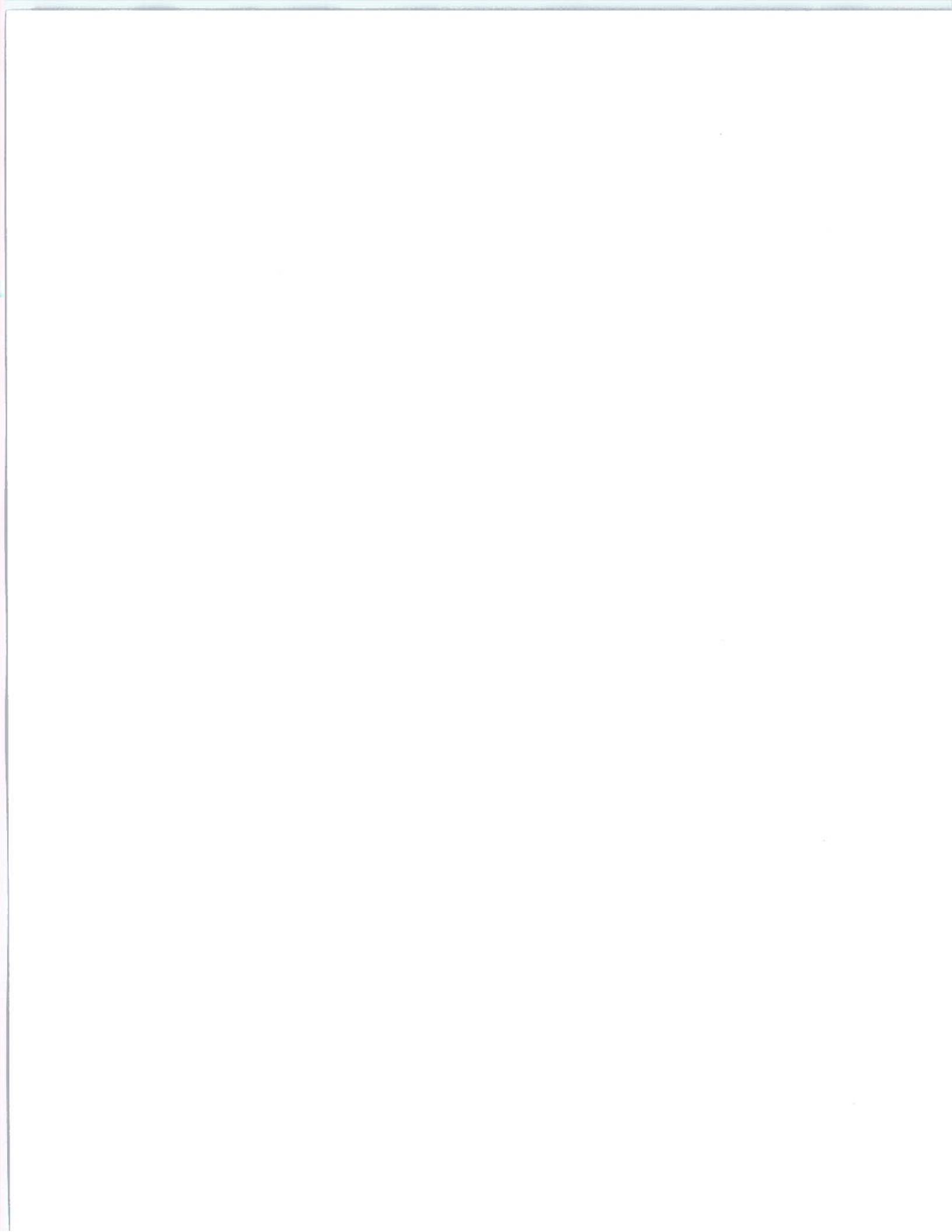
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V 367	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report a level III incident to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 12/10/25 of Client #1's record revealed: -Date of Admission: 11/4/24. -Diagnoses: Autistic Disorder and Severe Intellectual Disability.</p> <p>Review on 12/10/25 of the North Carolina Incident Response Improvement System (IRIS) from 11/1/25-12/10/25 revealed: -Date of Incident: 11/12/25. -Date Provider Learned of Incident: 11/13/25. -Incident Type: Allegation of Abuse. -Allegation Description: "...[Client #1's mother] was assisting [Client #1] with a shower on the evening of Thursday 11/13/25 and noticed a bruise on his left inner forearm. She asked [Client #1] how he got the bruise. He stated that the lady (Staff #1) hit him ...and he indicated with a fist that [Staff #1] punched him." -Incident Originally Submitted: 11/17/25.</p> <p>Interview on 12/10/25 with the Qualified Professional (QP) revealed: -Responsible for submitting reports into IRIS. -Acknowledged that the incident involving Client</p>	V 367	<p>V 367 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers</p> <p><u>Correction</u> The process for reporting incidents has been evaluated. The VP of Operations will provide a refresher training to all QP's regarding incident reporting requirements.</p> <p><u>Prevention</u> Responsible QP and VP of Operations will review incidents as they occur to ensure that reporting requirements are followed.</p> <p>A member of the QM Team also reviews incident reports at least quarterly and provides support as needed.</p>	12/31/25



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V 367	Continued From page 5 #1's allegation was entered into IRIS late -The delay occurred because she was awaiting guidance from her supervisor. -Would complete IRIS submissions within 72 hours of learning of a level III incident moving forward.	V 367		





Skill Creations, Inc.

Community Operations Division
50 S. French Broad Avenue Suite 251
Asheville, North Carolina 28801
Telephone: (828)232-0091



"Creating Life Skills With Those We Serve"

December 18, 2025

Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Complaint Survey completed December 18, 2025
SCI-Morganton Day Program
115 Stonebridge Dr. St., Morganton, NC 28655
MHL # 012-077
Intake #NC00234738

Dear Mr. Arenillas and Ms. Maria Smith,
Please find enclosed the Plan of Correction for the deficiencies cited from the complaint survey of SCI-Morganton Day Program completed on 12/10/2025:

- V 318 10A NCAC 130 .0102 HCPR – 24 Hour Reporting
- V 367 10A NCAC 27G .0604 Incident Requirements for Category A and B Providers

The process for reporting incidents has been evaluated. The VP of Operations will provide a refresher training to all QP's regarding incident reporting requirements.

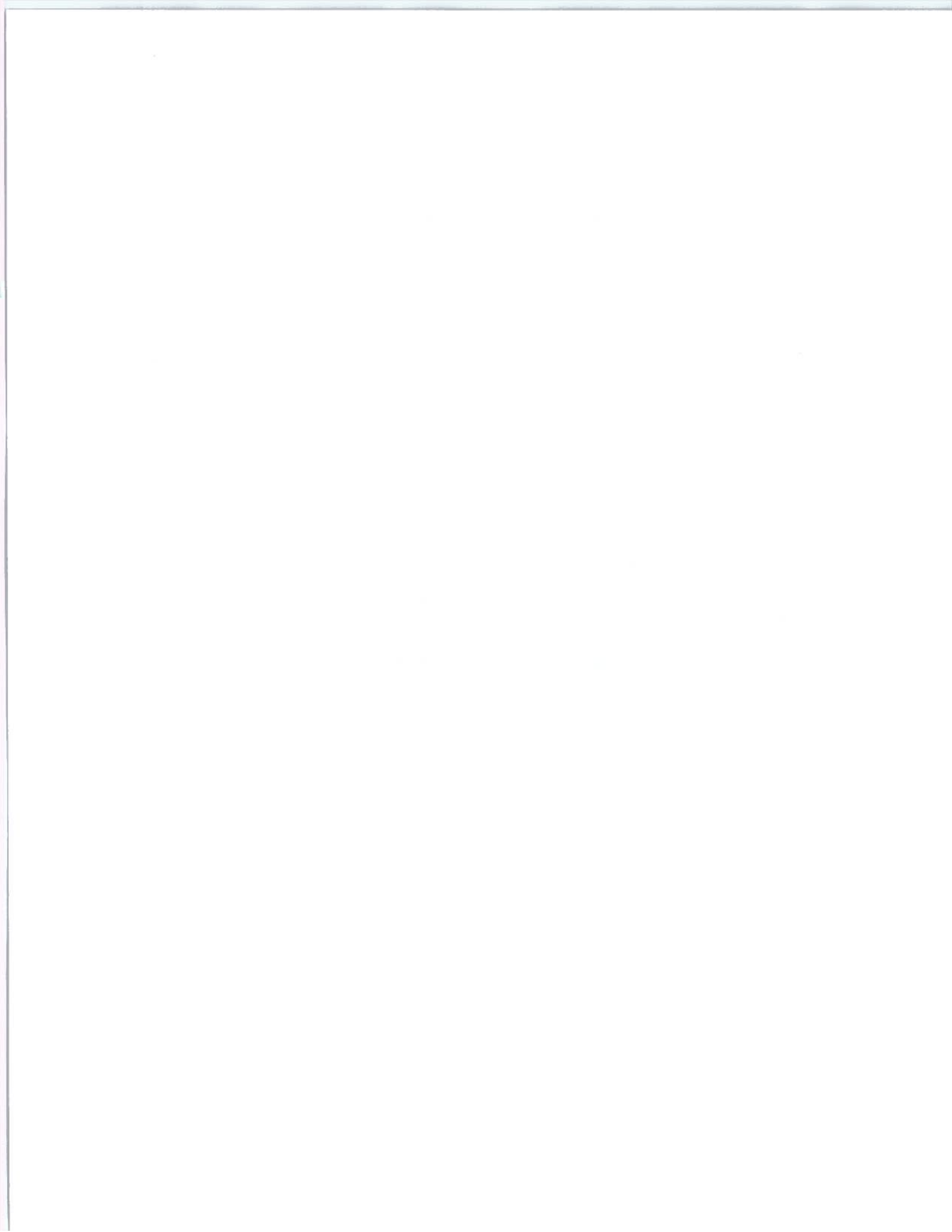
Responsible QP and VP of Operations will review incidents as they occur to ensure that reporting requirements are followed.

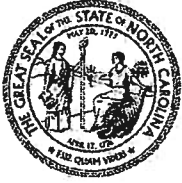
A member of the QM Team also reviews incident reports at least quarterly and provides support as needed.

Please contact me at 828-232-0091 or danielle.allen@skillcreations.com with any questions or if further information is needed.

Sincerely,

Danielle Allen
QM Manager





NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor
DEVPUTTA SANGVAI • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

December 15, 2025

Danielle Allen, QM Manager
Skill Creations, Inc.
PO Box 1403
Lenoir, NC 28645

Re: Complaint Survey Completed December 10, 2025
SCI-Morganton Day Program, 115 Stonebridge Drive, Morganton, NC 28655
MHL# 012-077
E-mail Address: Danielle.allen@skillcreations.com
Intake #NC00234738

Thank you for the cooperation and courtesy extended during the complaint survey completed December 10, 2025. The complaint was unsubstantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is February 8, 2026.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

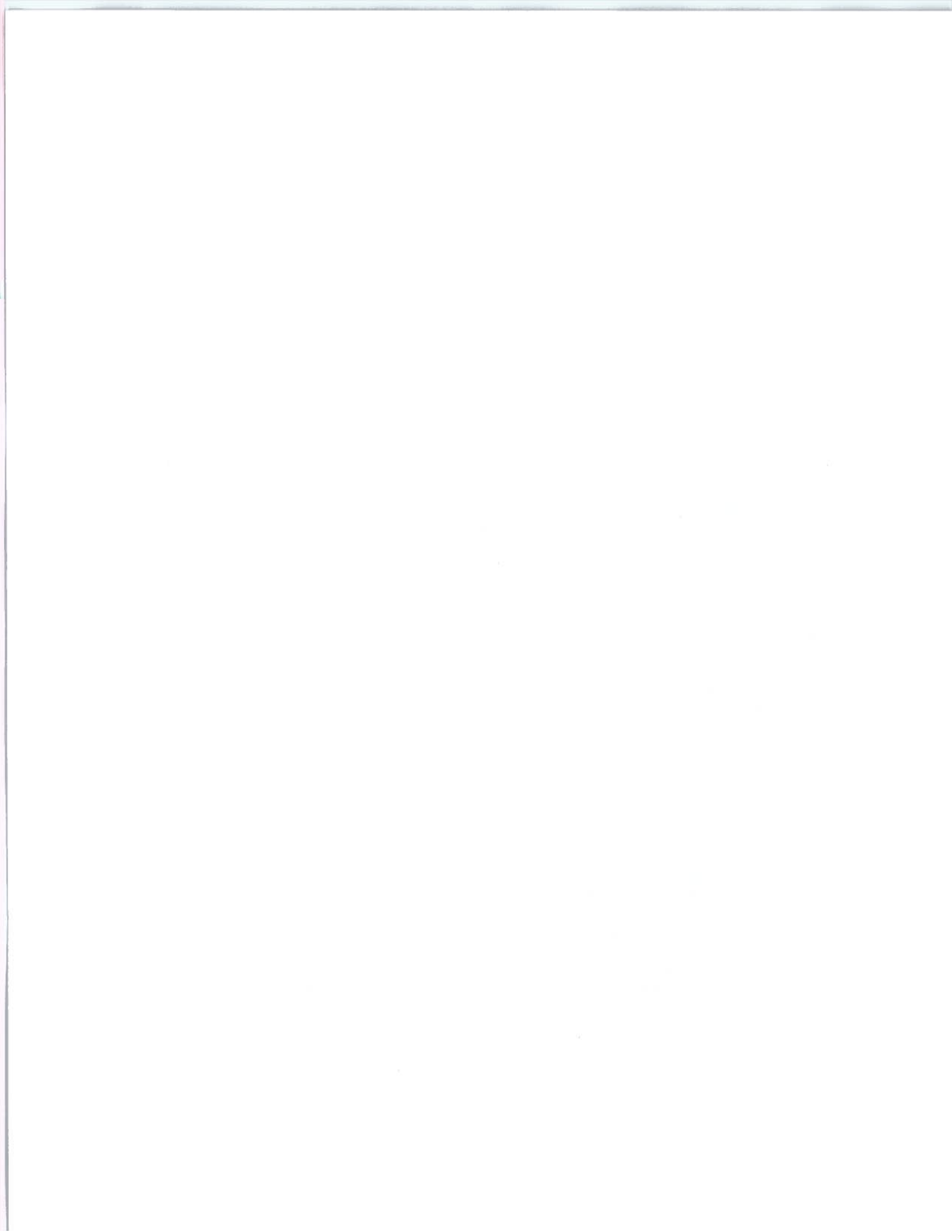
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



December 15, 2025
SCI-Morganton Day Program
Skill Creations, Inc.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Eileen Moreno at #336-247-0107.

Sincerely,



Jason Arenillas
Facility Compliance Consultant I
Mental Health Licensure & Certification Section



Maria Smith
Nurse Consultant I
Mental Health Licensure & Certification Section

Cc: QM@partnersbhm.org
dhhs@vayahealth.com
Korey Fisher-Wellman, Director, Burke County DSS
Michael Blake, Administrative Supervisor

