

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-374</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  R-C <b>11/26/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MY BROTHERS HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3016 FORBES ROAD GASTONIA, NC 28056</b>
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DHSR-MH Licensure Sect

(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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on 11/26/25. One complaint was substantiated (Intake #NC00234650) and one complaint was unsubstantiated (intake #NC00234220). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children or Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 1. The survey sample consisted of audits of 2 former clients.</p>	V 000	<p>Response V000</p> <p>Client <b>HD</b> was discharged per request of guardian</p> <p>Client <b>KJ</b> was discharged from the residential program while hospitalized, per the treatment team's determination. Residential staff were unable to provide the required hospital charge documentation in a timely manner due to the DSS Guardian's delay in executing the necessary authorization. The document was not signed until several days after the hospital was notified and the signature was formally requested.</p>	
V 300	<p>27G .1708 Residential Tx. Child/Adol - Trans or dischg</p> <p>10A NCAC 27G .1708 TRANSFER OR DISCHARGE</p> <p>(a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility.</p> <p>(b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule.</p> <p>(c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to</p>	V 300	<p>There was also inconsistency on when client was to be discharged. This was discussed during survey.</p> <p>Corrective Plan of Action: The ED/QP will provide the hospital discharge note with the Executive Director's signature and may notify the hospital of the pending DSS/Guardian signature, submitting an updated document upon receipt. Upon issuance of formal notice, the hospital will be advised accordingly, and DSS/Guardian will resume responsibility for Client.</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 300	<p>Continued From page 1</p> <p>make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility.</p> <p>(d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized.</p> <p>(e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility did not do a proper discharge affecting 1 of 2 former clients (FC#1). The findings are</p> <p>Review on 11/26/25 of FC #1's record revealed: -Admission date of 8/11/25 -Diagnoses of Oppositional Defiant Disorder, Post Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder, and Attention Deficit Hyperactivity Disorder. -Discharge date of 11/13/25.</p> <p>Review on 11/26/25 of FC #1's Hospital Discharge Summary revealed: -FC #1 was admitted on 11/12/25 for agitation. -Discharged on 11/19/25.</p> <p>Interview on 11/17/25 with the Local Hospital Social Worker revealed: -FC #1 was brought in by the Licensee/Qualified Professional (QP).</p>	V 300		

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V 300	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-FC #1 was evaluated and ready for discharge on 11/12/25.</li> <li>-"I called [Licensee/QP] and advised him [FC #1] was ready for discharge."</li> <li>-The Licensee/QP refused to pick up FC #1.</li> <li>-"He (Licensee/QP) would not come get him (FC #1). He (Licensee/QP) said [FC #1] needed a higher level of care."</li> <li>-The Licensee/QP sent discharge documents the following day, 11/13/25.</li> <li>-FC #1 was discharged from the hospital on 11/19/25 when his Department of Social Services (DSS) Legal Guardian picked him up.</li> </ul> <p>Interview on 11/17/25 with FC #1's Legal DSS Guardian revealed:</p> <ul style="list-style-type: none"> <li>-Received a discharge notice from the Licensee/QP on 11/13/25.</li> <li>-Was not aware FC #1 needed to be picked up from the hospital on 11/12/25.</li> <li>-FC #1 was still under the care of the Licensee/QP on 11/12/25 when he was supposed to be discharge from the hospital.</li> <li>-Received discharge summary on 11/13/25.</li> <li>-Picked FC #1 up from the hospital on 11/19/25.</li> </ul> <p>Interview on 11/26/25 with the Licensed Professional (LP) revealed:</p> <ul style="list-style-type: none"> <li>-He was present of 11/11/25 when FC #1 had to be hospitalized for his mental health.</li> <li>-"It was a group (LP, QP and Legal DSS Guardian) decision to leave [FC #1] at the hospital on 11/12/25."</li> <li>-"He (FC #1) needed a higher level of care."</li> <li>-Did not go and get FC #1 on 11/12/25 when he was supposed to be discharged from the hospital.</li> <li>-Did not know FC #1 was still under the care of the Licensee/QP.</li> </ul> <p>Interview on 11/26/25 with the Licensee/QP</p>	V 300		
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V 300	Continued From page 3 revealed:	V 300		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT 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"> <li>(1) reporting provider contact and identification information;</li> <li>(2) client identification information;</li> <li>(3) type of incident;</li> <li>(4) description of incident;</li> <li>(5) status of the effort to determine the cause of the incident; and</li> <li>(6) other individuals or authorities notified or responding.</li> </ol> <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"> <li>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</li> </ol>	V 367		

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V 367	<p>Continued From page 4</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have</p>	V 367		
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V 367	<p>Continued From page 5</p> <p>been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to submit a level III incident report within 72 hours as required. The findings are:</p> <p>Review on 11/17/25 of the North Carolina Incident Reporting Improvement System from 11/11/25 through 11/17/25 revealed: -No incidents reported by the facility.</p> <p>Review on 11/20/25 of Former Client #1's (FC) Hospital Discharge documents revealed: -FC #1 was hospitalized on 11/11/25 for his mental health. -FC #1 was discharged from the hospital on 11/19/25.</p> <p>Interview on 11/20/25 with FC #1's Legal Department of Social Services (DSS) Guardian revealed: -On 11/11/25 The Licensee/Qualified Professional (QP) informed her that FC #1 was hospitalized for his mental health. -FC #1 would be evaluated at the local hospital and discharged from the facility.</p> <p>Interview on 11/26/25 with the Licensed</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>Professional (LP) revealed: -FC #1 was having problems adjusting to his medication. -On 11/11/25 FC #1 urinated in a bottle and attempted throw it but was stopped by the Licensee/QP. -FC #1 was taken to the hospital for a mental health evaluation.</p> <p>Interview on 11/26/25 with the Licensee/QP revealed: -On 11/11/25 FC #1 was having a behavior. -"They (doctors) were trying to get him (FC #1) stabilized. He was not adjusting to his medication." -On 11/11/25 he transported FC #1 to the local hospital to have a mental health evaluation.</p>	V 367		
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