

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL100-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/30/2026
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NAME OF PROVIDER OR SUPPLIER ALLOWAY COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 35 CELO STREET BURNSVILLE, NC 28714
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on January 30, 2026. Two complaints were substantiated (Intake #NC00235389 and #NC00235412) and one was unsubstantiated (Intake #NC00235374). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10ANCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility has a current census of 5. The survey sample consisted of audits of 4 current clients.</p> <p>A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff and/or clients will be identified using the letter of the facility and a numerical identifier.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</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> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <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</p>	V 108	<p>V 108: QP started Client Specific Inservice with current DSP on 1/19/2026 and will continue to conduct Inservice with all remaining staff, as well as new staff coming on.</p>	2/16

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Dr. K Pryor-Goins	_____ <i>Dr. K Pryor-Goins</i>	TITLE IDD Regional Operations Director	(X6) DATE 3/9/2026 1:33 PM
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V 108	<p>Continued From page 1</p> <p>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 reviews and interviews the facility failed to ensure 4 of 4 audited paraprofessionals (#7, #8, #10, #11) and 1 of 3 audited sister facility A paraprofessionals (#A5) received training to meet the MH/DD/SA needs of the clients. The findings are:</p> <p>Review on 1/26/26 of Staff #A5's personnel record revealed: -Date of hire: March 2008 as direct support professional (DSP). -No documentation of training to meet the MH/DD/SA needs of the clients.</p> <p>Review on 1/6/26 for Staff #7's personnel record revealed: -Date of hire: 3/30/20 as DSP. -No documentation of training to meet the MH/DD/SA needs of the clients.</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>Review on 1/6/26 for Staff #8's personnel record revealed: -Date of hire: 7/28/25 as DSP. -No documentation of training to meet the MH/DD/SA needs of the clients.</p> <p>Review on 1/26/26 of Staff #10's personnel record revealed: -Date of hire: 12/23/24 as DSP. -No documentation of training to meet the MH/DD/SA needs of the clients.</p> <p>Review on 1/6/26 for Staff #11's personnel record revealed: -Date of hire: 12/1/25 as DSP. -No documentation of training to meet the MH/DD/SA needs of the clients.</p> <p>Interview on 1/26/26 with Staff #A5 revealed: -Worked as needed (PRN) mostly 3rd shift at the facility...always worked alone at facility. -Worked 8am-8pm on 12/28/25 at sister facility A with Staff #11.</p> <p>Interview on 1/8/26 with Staff #7 revealed: -It used to be "before you were on the floor, staff had to read the client books, plans, assessments ...before they met the clients" ...no one was coordinating this with all the staff turnover.</p> <p>Interview on 12/29/25 with Staff #8 revealed: -"When I started I just got thrown in the mix..."</p> <p>Interviews on 1/8/26 and 1/28/26 with Staff #10 revealed: -Worked PRN in facility and sister facility A. "Worked 2nd shift ...mostly alone on 2nd (3pm-11pm) and always alone on 3rd shifts (11pm-7am). -Did not recall any client specific training but</p>	V 108		

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V 108	<p>Continued From page 3</p> <p>"...learned about clients by going through their files..."</p> <p>-"(DSP) staff have always been the ones to tell new staff about clients."</p> <p>Interviews on 1/6/26 and 1/12/26 with Staff #11 revealed:</p> <p>-Had worked alone at the facility.</p> <p>-Worked alone at sister facility A on 12/27/25.</p> <p>-" ...Not given any specific information (about the clients) when I worked ...[Staff #7] told me about the residents at this facility...had no specific trainings about the clients at [sister facility A]."</p> <p>-"[Client #A7] and [Client #A8] ...showered independently but [Client #A7] will just stand in the water if not supervised."</p> <p>-"Boys (Clients #A7, #A8) slept most of the weekend ...[Client #A7] is more open with what he's doing where [Client #A8] is more sneaky ...have incestual relationship ...even with 2 staff, tough to always keep an eye on the boys."</p> <p>Interview on 1/5/26 with the Qualified Professional (QP) revealed:</p> <p>-Was hired on 12/1/25.</p> <p>-"Can't verify (client specific) training occurred."</p> <p>-Created client specific training documentation for each client which will be used in the future for training all staff at the monthly meetings.</p> <p>Interview on 1/6/26 with the talent acquisition team recruiter who was on site conducting new staff orientation revealed:</p> <p>-"The QPs were responsible for training client specifics for DSP staff."</p> <p>This deficiency is cross referenced into 10A NCAC27G.5601 Scope(V298) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 108		

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V 109	Continued From page 4	V 109		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p>	V 109	<p>V 109: The RHA Regional Director of Operations will Inservice the Program Manager, QPs, Direct Support Supervisors and Direct Support Professionals at Calloway and Hawthome by 2/16/26</p>	2/16

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V 109	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interview, 2 of 3 audited Qualified Professionals (Administrator/QP and Program Manager/QP) (PM/QP) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 1/6/26 of the Administrator/QP's personnel record revealed: -Date of hire: 2/10/25. -Date of suspension: 12/31/25. -Date of termination: 1/5/26.</p> <p>Review on 1/26/26 for PM/QP's personnel record revealed: -Date of hire: 5/27/24.</p> <p>Interview on 12/29/25 with Staff #A1 revealed: -There was limited staffing for the facility. The Administrator/QP instructed the staff to keep the clients at the Licensee's vocational (voc) center until 8pm because there was no staff scheduled to work at the facility and administer clients their medications (beginning 12/15/25).</p> <p>Interviews on 1/6/26 and 1/22/26 with Staff #A2 revealed: -The PM/QP said to take the sister facility A clients to the facility to sleep due to the lack of staff. -"[PM/QP] came out, but only helped with transportation ...he could have just gone to [sister facility A]...[PM/QP] said keep the clients at the voc (vocational) center because the state ratio at the voc center was higher at 1:6 ..."</p>	V 109		

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V 109	<p>Continued From page 6</p> <p>Interview on 12/29/25 with Staff #A3 revealed: -"The former QP was fired ...she had been covering all these shifts ...former House Manager (HM) quit ...above the QP was [PM/QP] and [Administrator/QP] and they just don't pick up ..."</p> <p>Interview on 1/8/26 with Staff #7 revealed: -According to the Administrator/QP and the PM/QP, " ...ratio for voc services 1:6 (staff to clients) was different than for residential 1:4 ..." and many staff had called out sick but " ...nobody called us (local) workers to see about us coming in ..."</p> <p>Interview on 1/8/26 with Staff #10 revealed: -Was instructed to keep the facility clients at the vocational center due to the staffing ratio requirements of needing two staff for 6 clients, but " ...after 8PM 1 person (staff) was fine."</p> <p>Interview on 1/6/26 with Staff #11 revealed: -Worked 12 hour shifts on Saturday (12/27/25) and Sunday (12/28/25) at the facility ..."I was alone on Saturday and with [Staff #5] on Sunday ...I didn't know Hawthorne (Hawthorne House clients) ...called [Administrator/QP] and [PM/QP] frequently with no answer ...[PM/QP] called back to tell me they were still looking for relief ...called (Licensee's) compliance hotline to report ratio was now 7:1 (seven clients to 1 staff at the facility which was licensed to serve 6 clients) ...[Senior Vice President] responded to hotline." -The Administrator/QP instructed Staff #A11 not to shower Client #A9 on Saturday 12/27/25 and told her, "no, [Client #A9] could wait to shower on Sunday (12/28/25) morning."</p> <p>Interviews on 12/29/25 and 1/6/26 with the Unit Clerk revealed:</p>	V 109		

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V 109	<p>Continued From page 7</p> <p>-The Administrator/QP decided that when only one staff worked, that the clients needed to remain at the vocational center for up to 12 hours and eat dinner there instead of their residential facility.</p> <p>-"[PM/QP] doesn't return calls at all."</p> <p>-"Told [Administrator/QP] in person or on the phone and texted her when we were going to be short staffed ...[Administrator/QP] would respond and say, 'I don't have anybody to send' ...sorta fell on me (to find staff) ..."</p> <p>Interviews on 12/29/25 and 1/16/26 with the QP revealed:</p> <p>-The Administrator/QP and the PM/QP "made the call to move [sister facility A clients] to Hawthorne (Hawthorne House)...[PM/QP] was on call and [Administrator/QP] was his backup ...it was the perfect storm during the holidays, sickness and lack of staff."</p> <p>-On Thursday 12/25/25, "[Administrator/QP] told me to put the houses (facility and sister facility A) together ...all 3 residents from [Sister facility A] are their own guardians ...no one told me to contact [facility] residents to ask about clients staying in their rooms ...[Administrator/QP] was handling everything."</p> <p>-"[PM/QP] doesn't really know non ICFs (intermediate care facilities) ...it's hit or miss if he responds ...he says he's dealing with ICFs ...he and [Administrator/QP] would say they were picking up shifts but then would not."</p> <p>Interview and text on 1/15/26 and interview on 1/28/26 with the PM/QP revealed:</p> <p>-"I must have made the decision to merge the houses (facility and sister facility A) if [Administrator/QP] was not available ...I don't know who made decision to merge houses ...apparently I gave the authorization to merge</p>	V 109		

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V 109	<p>Continued From page 8</p> <p>(the two facilities). So, it's my fault, but we never knew that we couldn't. No one has ever told us that we couldn't"</p> <p>"My understanding is that the voc center ratio is 1:6 (staff to clients), non ICF is 1:4..."</p> <p>Interview on 1/15/26 with the Administrator/QP revealed: -"Didn't know about the merging of the 2 homes until I got back on Saturday (12/27/25) .. I was off Christmas day and Fridaywas not notified of merging until Saturday .. [PM/QP] was working ...him (PM/QP) and whoever he spoke with made decisions." -"I suggested clients stay at day program during 2nd shift the week before Christmas, due to lack of staffing and would still able to do meaningful activities."</p> <p>Interview on 1/23/26 with the Regional Operations Director revealed: -"Was on vacation during Christmas on Saturday (12/27/25) learned compliance had received a call from the compliance hot line ...staff stated they were by themselves ...immediately called [Administrator/QP] who didn't answer ... called the home (facility) no one answered ...[Administrator/QP] called back..... 'I'm aware, I'm on it'didn't realize houses (facility and sister facility A) were merged.... " -A communication was sent with staff names and phone numbers which could be used in an emergency before the holidays. -"No one ever reported we had to merge houses at voc center... Never did she (Administrator/QP) tell me she was merging at voc center...." -"We could have gotten some help there" if made aware of what was happening at the facility and sister facility A. -"[Administrator/QP] worked her butt off, but</p>	V 109		

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V 109	Continued From page 9 decision making was missing." This deficiency is cross referenced into 10A NCAC27G.5601 Scope (V298) for a Type A1 rule violation and must be corrected within 23 days.	V 109		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	V 112: IDT will meet by 2/16/26 to review PCPs and BSPs and Identify additional staffing needs of People Supported to ensure Health & Safety and adequate support in their current residential setting. Nursing has started Inservice with DSP, QP, DSS, and Administrative Assistant in both Calloway and Hawthorne on proper way to use CPAP machine for our participants will be completed by 2/16.	2/16

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V 112	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement a treatment plan with goals and strategies to address the needs of 3 of 3 audited clients (#7, #8, #9). The findings are:</p> <p>Review on 1/6/26 of Client #7's record revealed: -Date of admission: 6/9/21 -Diagnoses: Fetal Alcohol Syndrome (FAS), Moderate Intellectual Developmental Disability (IDD), Attention Deficit Hyperactivity Disorder (ADHD). -Positive behavior support plan dated 7/16/25 included target behaviors of, engaging in incest with twin brother (Client #8), touching self inappropriately in public ... "staff will consistently maintain [Client #7] within their line of sight or within earshot ... especially during transitions or periods of less structured time ..."</p> <p>Review on 1/6/26 of Client #8's record revealed: -Date of admission: 6/9/21 -Diagnoses: FAS, Mild IDD. -Positive behavior support plan dated 7/16/25 included target behaviors of, engaging in incest with twin brother (Client #7), touching self inappropriately in public, inappropriate behaviors towards children, aggression ... "staff should maintain a line of sight or within earshot proximity to [Client #8] whenever possible particularly during transitions or unstructured time Rely heavily on door alarms and other monitoring technology to alert staff if [Client #8] attempts to access other resident's rooms, especially his brother's ... all knives from kitchen area, craft areas or any other accessible locations within the group home and day program will be removed</p>	V 112		

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V 112	<p>Continued From page 11 and stored in a locked, inaccessible location."</p> <p>Review on 1/6/26 of Client #9's record revealed: Date of admission: 7/1/15 -Diagnoses: Mild IDD, Cerebral Palsy, Osteoporosis, Sleep Apnea, Gastroesophageal Reflux Disease, Spasmodic Torticollis, Major Depressive Disorder, Iron Deficiency, Vitamin D Deficiency, Adjustment Disorder, Psychotic Disorder, Quadriplegia. -Goals included: will have assistance for all activities of daily living (ADLs). -Treatment Plan 10/1/25: "has a history of pressure sores and urinary tract infections (UTI) ...uses a CPAP (continuous positive airway pressure) nightly ...uses a power wheelchair for mobility, a lift to assist with transitioning her from her bed to chair and chair to shower chair ...requires awake staff to ensure she is turned over in the middle of the night to prevent sores and other skin infections."</p> <p>Interview on 1/8/26 with Client #7 revealed: -"It was ok staying in someone else's room ...a little weird" -"Stayed in [Client #A5]'s room ..."</p> <p>Interview on 1/8/26 with Client #8 revealed: -"It was ok (staying at sister facility A) ...it was a little different ...I had to sleep in somebody else's room ...I try to get along with those guys ...I could've slept on the couch ...stayed 2-3 nights."</p> <p>Interview on 1/6/26 with Client #9 revealed: -Had moved to sister facility A after Christmas because there wasn't enough staff. -"It was ok but I didn't get a bath for 48 hours ...I didn't have my shower chair ...they (staff) finally went to get it on Saturday ...they got my CPAP too but didn't have water..."</p>	V 112		

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V 112	<p>Continued From page 12</p> <p>- "I don't like being away from my home, my bed, my stuff."</p> <p>Interview on 1/21/26 with Staff #A1 revealed: -Sometime around the end of July, "Client #8 picked up a knife from the kitchen counter" while staff was cooking and put it to Staff #A1's chest and jokingly said 'give me all your money'. "I immediately told him to put the knife down." -More recently at the vocational center, Client #8 used a plastic knife and said 'I can still stab with this' and made a gesture like he was stabbing. Knives were supposed to be locked up.</p> <p>Interviews on 1/8/26 and 1/16/26 with Staff #7 revealed: -"Twins (Clients #7 and #8) have to be in line of sight all the time ...they are sneaky ...do the best I can watching (twins) when caring for [Client #9]" -"Knives are stored at the [facility]" in a lock box in the pantry.</p> <p>Interview on 1/8/26 with Staff #10 revealed: -"Have to watch the twins all the time ...always touching each other ...flicking ears, hugging his neck ...have to know where they are before assisting another client ...sometimes I'll have them go to their rooms when I help [Client #10] with her shower." -Knives were not locked at sister facility A.</p> <p>Interview on 1/6/26 with Staff #11 revealed: -On Saturday (12/27/25) evening, Staff #10 and Staff #11 went to facility to get additional clothes for Client #7, Client #8 and Client #9 as well as Client #9's shower chair and CPAP. -" ...[Client #7] is more open with what he's doing where [Client #8] is more sneaky ... have incestual relationship ...even with 2 staff, tough to always keep an eye on the boys."</p>	V 112		

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V 112	<p>Continued From page 13</p> <p>-"[Staff #7] told me they have to use plastic knives." Knives were kept locked at the facility. -Did not recall the knives being locked at sister facility A.</p> <p>Interview on 1/26/26 with Licensee's Licensed Practical Nurse (LPN) #1 revealed: -"Me and [Administrator/QP] got clients in bed (on Saturday 12/27/25) ...[Client #A6] has a CPAP ...added distilled water and turned it on" ...Staff had gotten [Client #9]'s CPAP from the facility ..."distilled water was in the med closet."</p> <p>Interview on 1/26/26 with the Administrator/QP revealed: -Client #9 and Client #A6 used their CPAPs Saturday and Sunday. -"[LPN #1] put the CPAPs on (the clients) and showed me how to start them ...Sunday I did it. [LPN #1] had them set up and showed me ...don't know what water was used ...I stopped by the store before my shift on Sunday and purchased distilled water for the CPAPs."</p> <p>This deficiency is cross referenced into 10A NCAC27G.5601 Scope(V298) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 112		
V 113	<p>27G .0206 Client Records</p> <p>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;</p>	V 113	<p>V 113: QP/House Manager will conduct In Service with staff on the procedure of Check and Changes. House Manager will do daily checks on the Check and Change log to make sure they are being completed within the next thirty days.</p>	3/31

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V 113	<p>Continued From page 14</p> <p>(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 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</p>	V 113		

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V 113	<p>Continued From page 15</p> <p>failed to maintain documentation of services provided for 1 of 4 clients (#9). The findings are:</p> <p>Review on 1/7/26 of Client #9's record revealed:</p> <ul style="list-style-type: none"> -Date of admission: 7/1/15. -Diagnoses: Mild Intellectual Developmental Disability, Cerebral Palsy, Osteoporosis, Sleep Apnea, Gastroesophageal Reflux Disease, Spasmodic Torticollis, Major Depressive Disorder, Iron Deficiency, Vitamin D Deficiency, Adjustment Disorder, Quadriplegia, Visual Impairment, Hiatal Hernia, Incontinence. -Treatment Plan dated 10/1/25 revealed Client #9 required " ...assistance for all activities of daily living." -Review of Check and Change Log: Instructions included checking on Client #9 every two hours during sleeping hours to change her undergarments and document the service. This service was only documented anywhere from 1-4 times during sleeping hours on 10/1/25 -10/4/25, 12/24/25-12/26/25, 1/1/26-1/7/26 for a total of 14 nights without complete documentation of the service being provided. <p>Interview on 1/8/26 with Client #9 revealed:</p> <ul style="list-style-type: none"> -Was not always aware when staff changed her overnight. -"I have to be changed every 3-4 hours ..." <p>Interview on 1/26/26 with Staff #5 revealed:</p> <ul style="list-style-type: none"> -Worked as needed on Sundays mostly from 8am-8pm. -Worked alone on 3rd shift from 11pm-7am in November 2025 and again on 12/20/25. -Never knew anything about a Check and Change Log for Client #9. <p>Interview on 1/21/26 with Staff #9 revealed:</p> <ul style="list-style-type: none"> -Was the only overnight staff at the facility for 	V 113		

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V 113	<p>Continued From page 16</p> <p>months.</p> <p>-Check and Change Logs were on a clipboard beside Client #9's bed.</p> <p>-"Would note date and time I checked or changed her (Client #9) and if she was wet ...no one else has filled these (Check and Change Logs) out ..."</p> <p>-Turned in Client 39's Check and Change Log every three months so the Unit Clerk could file the logs.</p> <p>Interview on 1/28/26 with Staff #10 revealed:</p> <p>-"Checked [Client #9] every 3 hours ...sometimes she's dry all night ...I'll admit I forget to sign her (Check and Change) log ...I sign when I remember ..."</p> <p>Interview on 1/16/26 with the Unit Clerk revealed:</p> <p>-She filed the Check and Change Logs but was unable to find addition logs for Client #9.</p> <p>Interview on 1/23/26 with the Qualified Professional revealed:</p> <p>-"The expectations of the changing charts (Check and Change Log) is that all staff complete it every 2-3 hours depending on the individual (client)."</p> <p>Interview on 1/15/26 with the Administrator revealed:</p> <p>-Worked 3rd shift on 12/27/25 and 12/28/25.</p> <p>-"Didn't know the clients, but did basic personal care stuff ...I don't know if there was a (Check and Change) log (for Client #9) but I didn't document (checks or changes)."</p>	V 113		
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES</p> <p>(a) Facilities that provide activities for clients shall assure that:</p>	V 115		

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V 115	<p>Continued From page 17</p> <p>(1) space and supervision is provided to ensure the safety and welfare of the clients;</p> <p>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p> <p>(3) clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to make services available 24 hours a day every day in the year. The findings are:</p> <p>Refer to Tag V112 for clients (#7, #8, #9) record reviews.</p> <p>Review on 1/7/26 of Client #10's record revealed: -Date of admission: 7/1/15 -Diagnoses: Moderate Intellectual Development</p>	V 115		

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V 115	<p>Continued From page 18</p> <p>Disabilities, Tremors, Nightmare Disorder, Pseudobulbar Affect, Anxiety Disorder, Mood Disorder, White Matter Disease, Leukemia in remission, Attention Deficit Disorder. Sleep Apnea.</p> <p>Interview on 1/12/26 with Client #10's guardian revealed: -Client #10's Dad first brought her back the day after Christmas (12/26/25) ..."the door was unlocked so they went in but no one was there. Got a text asking what time we were bringing Client #10 back but didn't say anything about the house being closed. Tried again on 12/28/25 but still not home ...wanted us to bring her to [sister facility A] ...we didn't want her to stay there. She had previously lived at [Sister facility A] and didn't get along with [Client #A5] who laughed at her and [Client #A1] who took her things. On the 30th we took her back again ...we had things to do with an upcoming surgery ...Staffing at [Calloway Cottage] hasn't been good since the flood (Hurricane Helene 9/27/24) ...Can't get through the phone lines much of the time ... Don't have any emergency numbers ...[Staff #7 or Staff #10] have let her use their phones to call home. There were different staff every time we went ... [Client #10] had leukemia and the chemo caused brain damage ...she needs assistance with picking out her clothes and washing her entire body ...don't think she's getting the help she needs."</p> <p>Interviews on 12/29/25 and 1/5/26 with the Qualified Professional revealed: -"Extremely short staffed." -After Christmas, multiple staff were sick and called out. "On call staff (program manager (PM/QP) made the decision to move the [facility] clients to [sister facility A] ...still only had 6 clients</p>	V 115	<p>The RHA Regional Director of Operations will Inservice the Program Manager, QPs, and Direct Support Supervisors on the Policy and Procedures by 2/16 directed towards Emergency Relocation. QP will Inservice DSP on the policy and procedures related to Emergency Preparedness Plan for Calloway, by 2/16/26 to ensure health and safety.</p>	2/16

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V 115	<p>Continued From page 19</p> <p>between the 2 homes until [Client #A3] returned ...[Client #10]'s family kept her home ..." -"[Client #10]'s parents brought her back to the [facility] on Sat 12/27/25 around 8pm and no one was there. They already knew the clients were at [sister facility A] so they must have called someone before getting me ...[PM/QP] was on call ...they had my number because I introduced myself when I started ...I called them that morning and never heard back ...[Client #10] doesn't get along with [Client #A5] or [Client #A1] at [sister facility A] so they just took her back home." -"[Client #10]'s parents sent a very long text saying how frustrated they were with lack of communication and planned to bring her back on Monday (12/29/25) ...I apologized and reported we were combing the houses again on Monday so they brought her back on Tuesday (12/30/25)."</p> <p>This deficiency is cross referenced into 10A NCAC27G.5601 Scope(V298) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 115		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and</p>	V 118		

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V 118	<p>Continued From page 20</p> <p>privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, interview and observation, the facility failed to ensure medications were administered on the written order of a physician and failed to keep the MARs current affecting 3 of 4 clients (#7, #8, and #9). The findings are:</p> <p>Review on 1/6/25 of Client #7's record revealed: -Date of admission: 6/9/21. -Diagnoses: Moderate Intellectual Developmental Disability (IDD), Attention Deficit Hyperactivity Disorder (ADHD), Fetal Alcohol Syndrome (FAS). -Physician's order dated 11/6/24 included: -Hydroxyzine 25 milligrams (mg) (anxiety)-1 tablet (tab) three times daily. -Sodium Floride 1.1% (cavity prevention)-use</p>	V 118	<p>V 118: Nursing has been and will continue to monitoring the EMAR system daily, and communicating all omitted medications to the Program Manager and IDD Regional Director. Nursing will also do conduct an In Service with staff on the importance of communicating with them if there is medication error or medication question.</p>	3/31

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V 118	<p>Continued From page 21</p> <p>pea size amount to brush teeth every night, spit but don't rinse.</p> <p>Review on 1/8/26 of Client #7's MARs for period 12/13/25-1/5/26 revealed: -Hydroxyzine was not documented as administered on 12/27/25, 12/30/25, 1/2/26 for the 2pm doses. -Sodium Floride was documented as "not available" on 12/29/25.</p> <p>Interview on 1/8/26 with Client #7 revealed: -" ...Can't remember what meds (medications) I take ..."</p> <p>Observation on 1/8/26 at approximately 1:30pm of Client #7's medications revealed the Sodium Floride was present and dispensed on 11/13/25.</p> <p>Review on 1/6/26 of Client #8's record revealed: -Date of admission: 6/9/21. -Diagnoses: Mild IDD, FAS, Allergic to Bee Stings. -Physician's orders dated 10/30/25 included: -Hydroxyzine 25 mg (anxiety)-1 tab three times daily. -Sodium Floride 1.1% (cavity prevention)-use pea size amount to brush teeth every night, spit but don't rinse.</p> <p>Review on 1/8/26 of Client #8's MARs for period 12/13/25-1/5/26 revealed: -Hydroxyzine was not documented as administered on 12/27/25, 12/30/25, 1/2/26 2pm doses. -Sodium Floride was documented as "not available" on 12/29/25.</p> <p>Interview on 1/8/26 with Client #8 revealed: -"I take meds, but can't remember the names of</p>	V 118		

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V 118	<p>Continued From page 22</p> <p>them right off..."</p> <p>Observation on 1/8/26 at approximately 1:45pm of Client #8's medications revealed the Sodium Floride was present and dispensed on 11/12/25.</p> <p>Review on 1/6/26 of Client #9's record revealed: -Date of admission: 7/1/15. -Diagnoses: Mild IDD, Cerebral Palsy, Osteoporosis, Sleep Apnea, Gastroesophageal Reflux Disease, Spasmodic Torticollis, Iron Deficiency, Vitamin D Deficiency, Hyperlipidemia, Major Depressive Disorder, Psychotic Disorder, Adjustment Disorder, Quadriplegia. -Physician's order dated 10/2/25 included: -Baclofen 10mg (muscle contracture)-1 tab three times daily.</p> <p>Review on 1/8/26 of Client #9's MARs for period 12/13/25-1/6/26 revealed: -Baclofen was not documented as administered 12/27/25 and 12/29/25 for the 2pm doses.</p> <p>Interview on 1/6/26 with Client #9 revealed: -"I just can't think of all my meds right now." -"One afternoon at [sister facility A], I missed my baclofen ...only missed the one day ...[Staff #11] was working but nobody came over to pass (administer) afternoon meds."</p> <p>Interview on 1/8/26 with Staff #7 revealed: -"I did go pass (administer) meds at [sister facility A] about 8:20am Saturday (12/27/25) morning ... [Staff #11] was working but was not med trained ... There was no med tech (technician) on for Saturday (12/27/25) or Sunday (12/28/25)...Staff called to ask me to come pass meds Sunday afternoon at [sister facility A] ..." -" ...Plan was for clients to stay at the voc</p>	V 118		

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V 118	<p>Continued From page 23</p> <p>(vocational) center (on Monday 12/29/25) ...there were plenty of med passers (staff trained in medication administration) at the voc center ..."</p> <p>Interview 1/6/26 on with Staff #11 revealed: -"I worked Saturday at [sister facility A] alone and on Sunday with [Staff #A5] ...called compliance hotline because there was no one to administer meds." -"Called [Staff #7] ...she came in to give meds Saturday morning. [Staff #10] came in to give meds Sunday morning."</p> <p>Interview on 1/6/26 with the Unit Clerk revealed: -Was responsible for scheduling doctor appointments and calling in refill prescriptions to the pharmacy but did not review MARs. -Sometimes staff were scheduled at the facility that were not trained in medication administration and "staffing has been all over the place." -The Registered Nurse (RN) and Licensed Practical Nurse (LPN #1) from our regional office came to the facility "sometimes" and they checked the MARs and medications.</p> <p>Interview on 1/12/26 with the facility's RN revealed: -Was assigned to the facility for the past two weeks. "It has been a joint effort with [LPN #1] to make sure MARs were complete in all of our homes (facilities)." -"Now have [LPN #2] on board and getting into a routine."</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a recite deficiency and</p>	V 118		

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V 118	Continued From page 24 must be corrected within 30 days.	V 118		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a pharmacist's or physician's review of medications every 6 months clients who were administered psychotropic medication for 3 of 4 clients (#7, #8, #9). The findings are:</p> <p>Review on 1/6/25 of Client #7's record revealed: -Date of admission: 6/9/21. -Diagnoses: Moderate Intellectual Developmental Disability (IDD), Attention Deficit Hyperactivity Disorder (ADHD), Fetal Alcohol Syndrome (FAS). -Physician's order dated 11/6/24 included: -Hydroxyzine 25 milligrams (mg) (anxiety)-1 tablet (tab) three times daily. -Olanzapine 10mg (mood)-1 tab daily with</p>	V 121	<p>V 121: Psych reviews will be completed routine, all individuals who do not have a current psych review will be scheduled; immediately. All psych reviews will be done by March 31st.</p>	3/31

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V 121	<p>Continued From page 25</p> <p>5mg. -Olanzapine 5mg-1 tab daily with 10mg. -Physician's orders dated 10/30/24 and 12/10/25 revealed: -Sertraline 100mg (depression)-2 tabs daily. -There was no documentation of a 6 month drug regimen review.</p> <p>Review on 1/8/26 of Client #7's Medication Administration Records (MARs) for period 7/1/25-1/5/26 revealed: -Above medications were administered.</p> <p>Review on 1/6/26 of Client #8's record revealed: -Date of admission: 6/9/21. -Diagnoses: Mild IDD, FAS, Allergic to Bee Stings. -Physician's orders dated 10/30/24 and 12/10/25 included: -Hydroxyzine 25 mg (anxiety)-1 tab three times daily. -Olanzapine 15mg (mood)-1 tab daily. -Sertraline 100mg (depression)-2 tabs daily. -There was no documentation of a 6 month drug regimen review.</p> <p>Review on 1/8/26 of Client #8's MARs for period 7/1/25-1/5/26 revealed: -Above medications were administered.</p> <p>Review on 1/6/26 of Client #9's record revealed: -Date of admission: 7/1/15. -Diagnoses: Mild IDD, Cerebral Palsy, Osteoporosis, Sleep Apnea, Gastroesophageal Reflux Disease, Spasmodic Torticollis, Iron Deficiency, Vitamin D Deficiency, Hyperlipidemia, Major Depressive Disorder, Psychotic Disorder, Adjustment Disorder, Quadriplegia. -Physician's order dated 10/30/24 and 11/6/25 included:</p>	V 121		

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V 121	<p>Continued From page 26</p> <ul style="list-style-type: none"> -Lurasidone 60mg (bipolar)-1 tab daily at bedtime. -Sertraline 100mg (depression)-1 tab daily. -There was no documentation of a 6 month drug regimen review. <p>Review on 1/8/26 of Client #9's MARs for period 7/1/25-1/5/26 revealed:</p> <ul style="list-style-type: none"> -Above medications were administered. <p>Interview on 1/6/26 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Was hired 12/1/25. -Was "not aware" of the required six month drug regimen review for clients who were administered psychotropic medications. -Neither the Registered Nurse (RN) nor the Licensed Practical Nurses (LPNs) were able to locate any of the 6-month drug reviews. -The RN and LPNs would help make sure all clients who were administered psychotropic medication have a drug regimen review every six months moving forward. 	V 121		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p>	V 123		

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V 123	<p>Continued From page 27</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 2 of 4 clients (#7 and #8). The findings are:</p> <p>Review on 1/6/25 of Client #7's record revealed: -Date of admission: 6/9/21. -Diagnoses: Moderate Intellectual Developmental Disability (IDD), Attention Deficit Hyperactivity Disorder (ADHD), Fetal Alcohol Syndrome (FAS). -Physician's order dated 11/6/24 included: -Sodium Floride 1.1% (cavity prevention) - use pea size amount to brush teeth every night, spit but don't rinse.</p> <p>Review on 1/8/26 of Client #7's Medication Administration Records (MARs) for period 12/13/25-1/5/26 for Client #7 revealed: -Sodium Floride was documented as "refused" on 12/27/25 and "not available" on 12/29/25.</p> <p>Review on 1/8/26 of Client #8's record revealed: -Date of admission: 6/9/21. -Diagnoses: Mild IDD, FAS, Allergic to Bee Stings. -Physician's orders dated 10/30/25 included: -Sodium Floride 1.1% (cavity prevention) - use pea size amount to brush teeth every night, spit but don't rinse.</p> <p>Review on 1/8/26 of Client #8's MARs for period 12/13/25-1/5/26 for Client #8 revealed: -Sodium Floride was documented as "refused" on 12/27/25 and "not available" on</p>	V 123	<p>V 123: Nursing will conduct an In Service on how to document medication refusals using the internal form. Nursing will monitor this on a reported bases. In-service will be done by March 31st.</p>	3/31

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V 123	Continued From page 28 12/29/25. Review on 1/8/26 of the facility records revealed: -No documentation of immediate notification to a physician or pharmacist for medication refusals or inability to administer clients' medications due to the medication being unavailable. Interview on 1/26/26 with the Qualified Professional revealed: -Staff would have reached out to the RN or one of the LPNs if there were medication refusals or if medication was not available in the facility. Interview on 1/26/26 with LPN #1 revealed: -"Had a couple of refusals ...I contacted the prescribers on call person ...no documentation because it was a phone call."	V 123		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national	V 133	V 133: Staffing Coordinator will ensure that fingerprints are retrieved for any Hawthorne employees that are required within 30 days.	3/31

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V 133	Continued From page 29 criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this	V 133		

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V 133	<p>Continued From page 30</p> <p>section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in</p>	V 133		

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V 133	<p>Continued From page 31</p> <p>the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means;</p>	V 133		

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V 133	<p>Continued From page 32</p> <p>Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4;</p>	V 133		

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V 133	<p>Continued From page 33</p> <p>2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to request fingerprints to include State Bureau of Investigation (SBI) national criminal background check for individuals who had lived in North Carolina (NC) for less than five years within five business days of making the conditional offer of employment for 2 of 7 audited staff (Qualified Professional (QP) and Program Manager/QP (PM/QP)). The findings are:</p> <p>Review on 12/29/25 of the QP's record revealed: -Date of hire: 12/1/25. -Initial criminal background check was ordered on 10/15/25 but did not include fingerprints.</p> <p>Interview on 12/29/25 with the QP revealed: -Recently moved to North Carolina from another state. -Was not asked to complete a fingerprint check.</p> <p>Review on 1/26/26 of the PM/QP's record revealed: -Date of hire: 5/27/24. -Initial criminal background check was ordered on 5/3/24 but did not include fingerprints.</p> <p>Interview on 1/26/26 with the PM/QP revealed: -Moved to North Carolina from another state in 2024. -He had completed a fingerprint check when he was hired.</p>	V 133		

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V 133	<p>Continued From page 34</p> <p>-Could not provide any further information regarding the fingerprinting process he completed when he was hired.</p> <p>Requests from 12/29/25-1/30/26 for proof of fingerprint results for the PM/QP was not provided prior to survey exit.</p> <p>Interview on 12/29/25 with the Senior Vice President revealed: -Obtaining fingerprints was the responsibility of the Human Resources Department. -Would have the fingerprints for the staff completed as soon as possible.</p>	V 133		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(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.</p> <p>(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.</p> <p>(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</p>	V 289	<p>V 289:</p> <ol style="list-style-type: none"> 1. Direct Support Supervisor will ensure appropriate staffing for [Sister Facility A] and Hawthorne is in place or provide coverage during call outs or vacant positions. 2. The QP will develop a back emergency plan to address staffing ratios and ensure the residents are protected. 3. Clinical and Management teams may cover shifts when other Direct Support Professionals are not available. 4. All facility staff will be trained in the form of in-service to notify the Executive Director/VP (Vice President) for approval of emergency relocation of any People Supported by 2/16/26. The identified deficiency has been reviewed, and corrective action is in progress. Client Specific training has started with the DSP, as well as communication with Guardians has been increased. Personnel requirements are being reviewed and corrected to ensure compliance with applicable regulations. Policies and procedures are being reinforced, and responsible staff are being educated on requirements. Compliance will be monitored through ongoing audits. The Director and Vice President are responsible for oversight. Full compliance is expected by February 16th (2026) 	2/16

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V 289	<p>Continued From page 35</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)&(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 36</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to operate within the scope of their license and failed to provide a homelike environment affecting 4 of 4 clients (#7,#8,#9, #10). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V108) Based on record reviews and interviews the facility failed to ensure 4 of 4 audited paraprofessionals (#7, #8, #10, #11) and 1 of 3 audited sister facility A paraprofessionals (#A5) received training to meet the MH/DD/SA needs of the clients.</p> <p>Cross Reference: 10A NCAC 27G .0203 Competencies of Qualified Professional and Associate Professionals (V109) Based on record review and interview, 2 of 3 audited Qualified Professionals (Administrator/QP and Program Manager/QP) (PM/QP) failed to demonstrate the knowledge, skills and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation Plans (V112) Based on record reviews and interviews, the facility failed to implement a treatment plan with goals and strategies to address the needs of 3 of 3 audited clients (#7, #8, #9).</p> <p>Cross Reference: 10A NCAC 27G .0208 Client Services (V115) Based on record reviews and interviews, the facility failed to make services available 24 hours a day every day in the year.</p> <p>Cross Reference: 10A NCAC 27G .5602 Staff</p>	V 289		

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V 289	<p>Continued From page 37</p> <p>(V290) Based on record reviews and interviews, the facility failed to maintain staffing to respond to meet the individualized client needs of 3 of 3 audited clients (#7,#8,#9).</p> <p>Cross Reference: 10A NCAC 27F.0103 Client Rights-Health, Hygiene, Grooming (V540) Based on record review, interview, and observation, the facility failed to provide personal privacy for 1 of 6 sister facility clients (#A6) and failed to provide an opportunity for a shower or tub bath daily for 1 of 4 client (Client #9).</p> <p>Review on 1/30/26 of Plan of Protection dated 1/30/26 and signed by the QP revealed: -" What immediate action will the facility take to ensure the safety of the consumers in your care? -10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) cross reference -10A NCAC 27G .0205 Assessment and Treatment/Habilitation Plan (V112) cross reference</p> <p>1. The RHA (Licensee) Regional Director of Operations will Inservice the Program Manager, QPs, Direct Support Supervisors (DSS) and Direct Support Professionals (DSP) at Calloway (facility) and [sister facility A] by 2/16/26 to ensure supervision is adequate based on People supported Individualized service needs.</p> <p>2. IDT (interdisciplinary team) will meet by 2/16/26 to review PCPs (person centered plans) and BSPs (behavioral support plans) and Identify additional staffing needs of People Supported to ensure Health & Safety and adequate support in their current residential setting.</p> <p>-10A NCAC 27F .0103 Client Rights- Health, Hygiene, Grooming (V540) cross reference -10A NCAC 27G .0202 Personnel Requirements (V108) cross reference</p>	V 289		

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V 289	<p>Continued From page 38</p> <p>-10A NCAC 27G .5602 Staff (V290) cross reference</p> <p>1. QP started Client Specific Inservice with current DSP on 1/19/2026 and will continue to conduct Inservice with all remaining staff; as well as new staff coming on. All training for current staff will be completed on 2/16/26.</p> <p>2. QP will Inservice DSP, and Direct Support Supervisor at [sister facility A] and Calloway by 2/16/26 about participants' rights in respect to the participants' privacy, dignity and respect.</p> <p>-10A NCAC 27G .0205 Assessment and Treatment/Habilitation Plan (V112) cross reference</p> <p>1. Nursing has started Inservice with DSP, QP, DSS, and Administrative Assistant in both Calloway and [sister facility A] on proper way to use CPAP machine for our participants.</p> <p>-10A NCAC 27G .0404 Operations during Licensed Period (V138) cross reference</p> <p>1. The RHA Regional Director of Operations will Inservice the Program Manager, QPs, and Direct Support Supervisors on the Policy and Procedures directed towards Emergency Relocation. QP will Inservice DSP on the policy and procedures related to Emergency Preparedness Plan for [sister facility A], by 2/16/26 to ensure health and safety.</p> <p>Describe your plans to make sure the above happens.</p> <p>1. Direct Support Supervisor hired on 1/19/2026 . The DSS will ensure appropriate staffing for Calloway, and [sister facility A] is in place or provide coverage during call outs or vacant positions.</p> <p>2. The QP will develop a back emergency plan to address staffing ratios and ensure the residents are protected.</p> <p>3. Clinical and Management teams may cover shifts when other Direct Support Professionals</p>	V 289		

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V 289	<p>Continued From page 39</p> <p>are not available.</p> <p>4.All facility staff will be trained in the form of in-service to notify the Executive Director/VP (vice president) for approval of emergency relocation of any People Supported by 2/16/26. The identified deficiency has been reviewed, and corrective action is in progress. Client Specific training has started with the DSP, as well as communication with Guardians has been increased. Personnel requirements are being reviewed and corrected to ensure compliance with applicable regulations. Policies and procedures are being reinforced, and responsible staff are being educated on requirements. Compliance will be monitored through ongoing audits. The Director and Vice President are responsible for oversight. Full compliance is expected by February 16th (2026)."</p> <p>Facility is licensed for 5 individuals, including 1 non-ambulatory, diagnosed with mild and moderate IDD, Autism Disorder, Cerebral Palsy, Anxiety Disorder, Schizoaffective Disorder, Epilepsy, ADHD. DSP staff worked at both the facility and sister facility A. They did not receive training on clients with whom they were working. The decision was made by the program manager/QP to merge the facility with the sister facility A due to lack of staff. On 12/26/25, 3 facility clients were moved to sister facility A at approximately 8pm and returned to the facility on 12/30/25 at approximately 2:30pm. At sister facility A, Client #7 slept in Client #A5's bed for 4 nights; Client #8 slept in Client #A4's bed for 4 nights and Client #9 slept in Client #A3's bed 1 night then in an empty bedroom for 3 nights. Staff acknowledged they received no instructions to change the linens on the client's beds either before or after the facility clients stayed. Client #4 could not return to the facility from family visit</p>	V 289		
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V 289	Continued From page 40 because the facility did not operate from 12/26/25 to 12/30/25. On Saturday 12/27/25, Staff #11 worked alone for 12 hours having to manage checking/changing 2 non-ambulatory clients (#A6, #9) every 2-3 hours and monitor 2 client brothers (#7, #8) with sexualized behaviors keeping them within line of sight. Additionally, Client #9, who required full physical assistance, was not able to shower for 48 hours. The Administrator/QP denied staff giving Client #9 a shower Saturday night once her shower chair had been retrieved from the facility. Client #9 was assisted with a shower on Sunday morning using Client #A6's roll in shower while he waited in soiled adult incontinence briefs for staff assistance in his bed. The Administrator/QP never reported to her regional supervisors during their minimally weekly calls, of the staffing shortages, holding clients at the vocational center for 10-12 hours a day, merging of the facilities nor did she request support to fill many staffing needs. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 289		
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	V 290	V 290: IDT will meet by 2/16/26 to review PCPs and BSPs and Identify additional staffing needs of People Supported to ensure Health & Safety and adequate support in their current residential setting.	2/16

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V 290	<p>Continued From page 41</p> <p>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.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(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</p> <p>(2) children or adolescents with developmental disabilities shall be served with 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 reviews and interviews, the</p>	V 290		

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V 290	<p>Continued From page 42</p> <p>facility failed to maintain staffing to respond to meet the individualized client needs of 3 of 3 audited clients (#7,#8,#9). The findings are:</p> <p>Refer to Tag V112 for clients record reviews.</p> <p>Interview on 1/26/26 with Staff #A5 revealed: -Worked as needed (PRN) mostly 3rd shift at the facility ...always worked alone at the facility. -Worked 8am-8pm on 12/28/25 at sister facility A with Staff #11. -Clients #7, #8, #9 were moved to sister facility A due to lack of staffing on 12/26/25 until 12/30/25 around 2:30pm. -Client #9 was without her shower chair and her Continuous Positive Airway Pressure (CPAP) at sister facility A until 12/27/25 until staff were available to go get equipment from the facility.</p> <p>Interview on 1/8/26 with Staff #7 revealed: -"You have to be aware of the twins' (Clients #7, #8) issues before coming into the house ...Twins are sneaky and go into each other's rooms ...remind to keep hands off each other ...[Client #7] will play with himself in public; just move him into a private space ...have to be in line of sight all the time." -Showering Client #9 takes about 30-40 minutes and changes with the hooyer lift can take 10-15 minutes.</p> <p>Interview on 12/29/25 with Staff #8 revealed: -Client #9 is high functioning and in a wheelchair ...required total assistance...used hooyer lift ...needed to be changed overnight every 3hours.</p> <p>Interview on 1/21/26 with Staff #9 revealed: -Was always the only staff overnight. -"I can change [Client #9] in 3 minutes if she's in the bed already ...I ask if I can leave the door</p>	V 290		

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V 290	<p>Continued From page 43</p> <p>open to listen for alarms ...both [Client #7 and Client #8] bedroom doors have alarms. -Watching Client #7 and Client #8 is an "all night thing" ...Client #7 was up almost all night ...will stay awake trying to get into brother's room ..."can get pretty intense sometimes...they try everything ..."</p> <p>Interview on 1/8/26 with Staff #10 revealed: -"Have to watch the twins all the time ...always touching each other ...flicking ears, hugging his neck ...[Client #8]...I have to supervise [Client #7] in the shower ...have to know where they are before assisting another client ...sometimes I'll have them go to their rooms when I help [Client #10] with her shower."</p> <p>Interviews on 1/6/26 and 1/12/26 with Staff #11 revealed: -Had only worked in the facility until 12/27/25 when the houses were merged at sister facility A. -Worked at sister facility alone 8am-8pm on Saturday 12/27/25 and with Staff #5 on Sunday 12/28/25. -"I knew nothing about [Client #1], [Client #2], [Client #3] or [Client #6]." -"I used hooyer lift to change both [Client #A6] and [Client #9] every 2-3 hours by myself ...have to be cautious with both ... [Staff #A5] helped me with getting [Client #9] into the shower Sunday morning, I bathed her then she (Staff #A5) assisted me getting her out ...[Staff #A5] got the boys (Clients #7 and #8) in the shower then helped me give [Client #A6] a bed bath ...didn't know his normal routine...we finally got to him Sunday morning 10-11am ...He was sitting in his poop and wet diaper ...didn't know if he had been changed or positioned overnight ...imprint of the sheet was on his bottom ...was really red but no sores or breakdown ..."</p>	V 290		
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V 290	<p>Continued From page 44</p> <p>-"[Client #7] is more open with what he's doing where [Client #8] is more sneaky ... have incestual relationship ...even with 2 staff, tough to always keep a eye on the boys."</p> <p>Interview on 1/5/26 with the Qualified Professional (QP) revealed: -"3rd shift staff get clients up, fed and medications; 1st shift comes in finishes getting ready then brings clients to day program until 2:30pm and takes them back home ...haven't had a 2nd shift staff." -Combined houses Friday, Saturday, Sunday, Monday ...3 clients from facility stayed at sister facility A for 4 nights.</p> <p>Interview on 1/15/26 with the Program Manager/QP revealed: -"Apparently I gave the authorization to merge. So it's my fault, but we never knew that we couldn't. No one has ever told us that we couldn'tMy leadership told me that it was ok to do in a staffing crisis." -"My understanding is that the voc (vocational) center ratio is 1:6, non ICF (intermediate care facility) is 1:4 and ICF is 1:3 ... also had to staff according to the needs of the residents ...may have to add a staff ...This had been passed down from executive Vice President."</p> <p>Interview on 1/23/26 with the Regional Operations Director revealed: -"Schedule was covered without call outs ...when 2 people call out, it cripples you ...when there is no manager and 3 call out ...in a small area like that ...nobody willing to come in during holiday ...HM then QP... [PM/QP] was on vacation, I was on vacation ...[Administrator/QP] was on call and should have been the one to come in but couldn't get there till 3rd ...[Administrator/QP] did answer</p>	V 290		

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V 290	Continued From page 45 some calls ...thought they were in ratio at voc center during the day ...working 3rd shift was the right thing to do." -"We were not made aware of the staffing concerns ...have multiple calls during the week, Monday, Wednesday, Fridays ...asked if there was need any support, needs ... [Administrator/QP] said 'we're good, everything is covered' ...we have reached out across the state to pull in relief staff." This deficiency is cross referenced into 10A NCAC27G.5601 Scope(V298) for a Type A1 rule violation and must be corrected within 23 days.	V 290		
V 540	27F .0103 Client Rights - Health, Hygiene And Grooming 10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the: (1) opportunity for a shower or tub bath daily, or more often as needed; (2) opportunity to shave at least daily; (3) opportunity to obtain the services of a barber or a beautician; and (4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil. (b) Bathtubs or showers and toilets which ensure individual privacy shall be available.	V 540	V 540: QP will Inservice DSP, and Direct Support Supervisor at Hawthorne and Calloway by 2/16/26 about participants' rights in respect to the participants' privacy, dignity and respect.	2/16

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL100-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/30/2026
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NAME OF PROVIDER OR SUPPLIER CALLOWAY COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 35 CELO STREET BURNSVILLE, NC 28714
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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 540	<p>Continued From page 46</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p> <p>This Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to provide personal privacy for 1 of 6 sister facility clients (#A6) and failed to provide an opportunity for a shower or tub bath daily for 1 of 4 client (Client #9). The findings are:</p> <p>Review on 1/7/26 of Client #A6's record revealed: -Date of admission 1/6/07. -Diagnoses: Edema, Seizure Disorder, Dysphagia, Neuromuscular Dysfunction of Bladder, Erythema, Constipation, Barrett's Esophagus without Dysplasia, Gastroesophageal Reflux Disease (GERD), Allergic Rhinitis, Venous Insufficiency, Raynaud's Syndrome, Glaucoma-bilateral, Paraplegia, Spastic Hemiplegia, Cerebral Palsy (CP), Sleep Apnea, Moderate IDD, Anxiety Disorder.</p> <p>Review on 1/6/26 of Client #9's record revealed: -Date of admission: 7/1/15. -Diagnoses: Mild IDD, CP, Osteoporosis, Sleep Apnea, GERD, Spasmodic Torticollis, Major Depressive Disorder, Psychotic Disorder, Adjustment Disorder, Quadriplegia.</p> <p>Observation on 12/29/25 at approximately 4:15pm revealed: -Client #A6's bedroom had a bathroom with a zero clearance shower. Client #A6's bed was on the wall shared with the bathroom facing the far</p>	V 540		

Division of Health Service Regulation

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V 540	<p>Continued From page 47</p> <p>wall.</p> <p>Interview on 1/30/26 with Client #9 revealed: -Was brought to the facility from sister facility A because of a lack of staffing. " ...Didn't get a bath for 48 hours ...I felt pretty dirty ...I was upset ...didn't have my shower chair ...they (staff) finally went and got it ..." -Was given a shower in the bathroom in Client #A6's bedroom. -Client #A6 was in his bed when Staff #A5 and Staff #11 brought her into Client #A6's bedroom to use his bathroom to take a shower on the morning of 12/28/25 . -"I felt okay showering in [Client #A6]'s bathroom ...they (Staff #A5 and Staff #11) covered me up good."</p> <p>Interview on 1/30/26 with Client #A6 revealed: -"Yeah, " it was okay for Client #9 to enter his bedroom to use his bathroom to shower while he was still in bed.</p> <p>Interviews on 1/9/26 and 1/26/26 with Staff #A5 revealed: -"As soon as I got there (on 12/28/25), [Client #9] was crying ...(her) bed was soaked and she had had a bowel movement ...[Client #9] was very upset ...she had not bathed in 48 hours ...tried to calm her down ...she was in a regular old bed (non-hospital bed), so it took me and [Administrator/QP] to lift her ...helped get her in shower chair ...her shower (at sister facility A) is a lot bigger than [Client #A6's] shower, but we managed ...[Staff #11] came in and [Administrator/QP] left. -"[Client #A6] was in his bed while we had [Client #9] in the shower (in the bathroom attached to Client #A6's bedroom) both had poop and pee on them ..."</p>	V 540		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL100-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/30/2026
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V 540	<p>Continued From page 48</p> <p>-"[Staff #11] did what she could" working by herself on Saturday 12/28/25.</p> <p>Interviews on 1/6/26 and 1/12/26 with Staff #11 revealed: -"[Staff #A5] helped me transfer [Client #9] onto her shower chair ...had to use [Client #A6's] bathroom ...it is the only roll-in shower and is in his room ...Asked [Client #A6] if we could use his shower ...he said 'yes' he was 'fine' ..." -"Wrapped her (Client #9) good in sheets and towels moving her" from her room to Client #A6's shower.</p> <p>This deficiency is cross referenced into 10A NCAC27G.5601 Scope(V298) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 540		