

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/25/2026
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NAME OF PROVIDER OR SUPPLIER DEVINE HEALTHY SOLUTIONS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1432 VANDIFORD THOMAS ROAD SNOW HILL, NC 28580
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on March 25, 2026. Two complaints were unsubstantiated (intake #NC00236256 and #NC00236208). 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 4. The survey sample consisted of audits of 2 current clients and 2 former clients.</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 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</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 108	<p>Continued From page 1</p> <p>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 review and interview, the facility failed to ensure training to meet the mh/dd/sa needs of all clients as specified in the treatment/habilitation plan for 5 of 10 audited staff (#1, #2, #3, #4, #5, Former Staff (FS) #6, FS #7 and FS #8). The findings are:</p> <p>Review on 3/19/26 of staff #1's personnel record revealed: -Hire date of 1/8/26. -Position: Direct Care Staff -No documentation of client-specific training for client #1 and #2 and former client's (FC) #5 and #6.</p> <p>Review on 3/19/26 staff #2's personnel record revealed: -Hire date of 2/4/25. -Position: Direct Care Staff -No documentation of client-specific training for client #1 and #2 and FC's #5 and #6.</p> <p>Review on 3/19/26 staff #3's personnel record revealed:</p>	V 108		

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V 108	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Hire date of 7/10/25. -Position: Direct Care Staff -No documentation of client-specific training for client #1 and #2 and FC's #5 and #6. <p>Review on 3/19/26 staff #4's personnel record revealed:</p> <ul style="list-style-type: none"> -Hire date of 1/25/25. -Position: Direct Care Staff -No documentation of client-specific training for client #1 and #2 and FC's #5 and #6. <p>Review on 3/19/26 staff #5's personnel record revealed:</p> <ul style="list-style-type: none"> -Hire date of 5/5/24. -Position: Direct Care Staff -No documentation of client-specific training for client #1 and #2 and FC's #5 and #6. <p>Review on 3/19/26 FS #6's personnel record revealed:</p> <ul style="list-style-type: none"> -Hire date of 10/29/25. -Separation date of 1/10/26. -Position: Direct Care Staff -No documentation of client-specific training for client #1 and #2 and FC's #5 and #6. <p>Review on 3/19/26 FS #7's personnel record revealed:</p> <ul style="list-style-type: none"> -Hire date of 3/3/25. -Separation date of 1/25/26. -Position: Direct Care Staff -No documentation of client-specific training for client #1 and #2 and FC's #5 and #6. <p>Review on 3/20/26 FS #8's personnel record revealed:</p> <ul style="list-style-type: none"> -Hire date of 1/7/26. -Separation date of 2/11/26. -Position: Direct Care Staff 	V 108		

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V 108	<p>Continued From page 3</p> <p>-No documentation of client-specific training for client #1 and #2 and FC's #5 and #6.</p> <p>Interview on 3/19/26 staff #1 stated: -She had trainings on the client needs.</p> <p>Interview on 3/19/26 staff #2 stated: -The Qualified Professional told him about the clients issues.</p> <p>Interview on 3/19/26 FS #6 stated: -He was not trained on the needs of the clients.</p> <p>Interview on 3/19/26 FS #7 stated: -She received not training to do her job at the facility. -Another staff "walked her through everything."</p> <p>Interview on 3/20/26 the QP stated: -She completed client specific training with staff but it was not documented.</p>	V 108		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate</p>	V 110		

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V 110	<p>Continued From page 4</p> <p>professionals shall demonstrate competence.</p> <p>(e) 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>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on records reviews and interview the facility failed to ensure 1 of 10 audited staff (#3) demonstrated the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 3/19/26 staff #3's personnel record revealed: -Hire date of 7/10/25. -Position: Direct Care Staff</p> <p>Review on 3/18/26 of former client (FC) #6's record revealed: -Admitted: 11/12/25. -Discharged: 1/16/26 -Diagnoses of Adjustment Disorder w/ Mixed Anxiety and Depressed Mood; Intellectual</p>	V 110		

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V 110	<p>Continued From page 5</p> <p>Developmental Disability-Mild and Disruptive Mood Dysregulation Disorder</p> <p>Review on 3/18/26 of the local sheriffs office incident/investigation report dated 1/16/26 revealed: -"Incident data: 1. Missing Person. 2. Child Neglect. Date 1/16/26 6:02am. Narrative: On 1/16/26 at approximately 6:06 a.m., deputies responded to a report of two male juveniles who had run away from a group home...A search of the area was conducted, and the juveniles were located in a wooded area before fleeing on foot...the juveniles, identified as ...{FC #6}...The juveniles reported being injured due to alleged abuse by staff at the group home..."</p> <p>An audio recording 2:04 minutes long played for the surveyor by staff #3 on 3/20/26 revealed: -Staff #3 identified himself (staff #3) as the person who was recording and he and FC #6 as the two individuals on the audio recording. --The audio recording occurred on 1/16/26 after the officers returned FC #6 and client #1 to the facility. -Staff #3 identified himself asking FC #6 "why would you want to stay if we abusing you" and FC #6 responding saying "you're not abusing me. I just want to stay. I don't want to leave." -Staff #3 can be heard saying "you don't want to leave, but you are going to have to pay the consequences because you climbed out the window and went to the other side of and pulled [Client #1] into your world and you talked him into jumping out of a window. And I told you the next time that you do it you would be discharged from the home, didn't I tell you that. Not only did you put yourself at risk and yourself in danger, you put [Client #1] at risk and you put him in danger." FC #6 is heard saying he wanted another chance and</p>	V 110		

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V 110	<p>Continued From page 6</p> <p>staff #3 says "I can't give you one more and then you told the police officers that we abuse you and the scratches and bruises you got on you came from our staff, do you know how dangerous that is.</p> <p>-FC #6 states he just wants to stay, "please and I just want one more change and I'm not going to screw it up." Staff #3 responds with "I can't do it [FC #6], I'm going to have to discharge you. Hopefully the next place you go to will be better for you."</p> <p>-Staff #3 states, "I'm more concerned now because its getting worse...its not going to get any better and you're going to continue to do this and when it gets warmer you're going to do it even more."</p> <p>-Two additional voices were not a part of the discussion but could be heard during the time staff #3 was discussing discharge with FC #6.</p> <p>Attempted interview on 3/23/26 with FC #6's Department of Social Services Legal Guardian was unsuccessful and a message was left to return a call to the surveyor.</p> <p>Interview on 3/20/26 staff #3 stated: -The recording took place at the facility. -He always recorded his conversations with clients when an incident occurred. -The Qualified Professional (QP), Licensed Professional (LP), Legal Guardian Representative nor the Associate Professional were present at the facility nor involved in the discussion he had on 1/16/26 with FC #6 about being discharged. -FC #6 was discharged later on the same day.</p> <p>Interview on 3/25/26 staff #4 stated: -She was employed as the Associate Professional on 1/16/26. -She was not consulted for the discussion of</p>	V 110		

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V 110	Continued From page 7 discharge that staff #3 had with FC #6 on 1/16/26. Interview on 3/20/26 the LP stated: -He had been notified about the incident on 1/16/26 involving FC #6 but could not recall when. -He was not involved in the discussion staff #3 had with FC #6 regarding FC #6 being discharged. Interview on 3/25/26 the Qualified Professional stated: -She was not present at the facility nor apart of the discussion of discharge staff #3 held with FC #6.	V 110		
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	V 112		

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V 112	<p>Continued From page 8</p> <p>responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement treatment goals and strategies to address the needs of 1 of 4 audited (#3) and failed to document Child and Family Team (CFT) Meetings for 4 of 4 audited clients (#1, #3, Former Client (FC) (FC #5 and FC #6). The findings are:</p> <p>Finding #1 Review on 3/18/26 of client #3's record revealed: -Admitted: 2/18/26 -Diagnoses of Disruptive Mood Dysregulation Disorder and Post Traumatic Stress Disorder -Treatment plan dated 1/15/26- "Goal:...Identify triggers that might lead to conflict...- Interventions...provide individual psycho educational, training, and 1:1 intervention to strengthen communication skills, appropriate boundaries, setting concise and clear rules; Goal:...Identify and use at least two coping strategies for managing his emotions...- Interventions...provide individual psycho educational, training, and 1:1 intervention to strengthen communication skills, appropriate boundaries, setting concise and clear rules;</p>	V 112		

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V 112	<p>Continued From page 9</p> <p>Goal:...demonstrate safe and appropriate behavior across all settings including the group home, school and community...-</p> <p>Interventions...provide individual psycho educational, training, and 1:1 intervention to strengthen communication skills, appropriate boundaries, setting concise and clear rules..."</p> <p>Interview on 3/19/26 client #3 stated: -Two staff worked each shift. -There had not been a time when a third staff worked with just him.</p> <p>Interview on 3/20/26 staff #1 stated: -Two staff worked each shift.</p> <p>Interview on 3/20/26 staff #2 stated: -Two staff worked each shift.</p> <p>Interview on 3/24/26 Former Staff #7 stated: -Two staff worked each shift.</p> <p>Interview on 3/24/26 the Qualified Professional stated: -The facility worked 2 staff on each shift. -Client #3 was to have the 1:1 staffing for his goals between 4pm-6pm. -A 3rd staff does not come in during 4pm- 6pm to complete client #3's goals. -"One staff just pays closer attention to him during this time."</p> <p>Finding #2</p> <p>Review on 3/18/26 of client #1's record revealed: -Admitted: 11/7/25 -Diagnoses of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Post Traumatic Stress Disorder, Mood Dysregulation</p>	V 112		

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V 112	<p>Continued From page 10</p> <p>Disorder and Conduct Disorder -Treatment plan dated 11/7/25- Intervention noted in 4 of client #1's goals: "[Facility] will conduct monthly child and family team meetings with his treatment team and legal guardian." -No documented CFT meetings.</p> <p>Review on 3/18/26 of client #3's record revealed: -Admitted: 2/18/26 -Diagnoses of Disruptive Mood Dysregulation Disorder and Post Traumatic Stress Disorder -Treatment plan dated 1/15/26- Intervention noted in of client #3's goals: "participate in treatment..." -No documented CFT meetings.</p> <p>Review on 3/18/26 of FC #5's record revealed: -Admitted: 11/5/25 -Discharged: 3/7/26 -Diagnoses of Unspecified Trauma & Stressor related disorder. History of- Opioid Use Disorder, Stimulant Use Disorder, ODD and Nicotine Dependence -Treatment plan dated 1/15/26- Intervention noted in 5 of FC #5's goals:...: "Will participate in monthly child and family team meetings." -No documented CFT meetings.</p> <p>Review on 3/18/26 of FC #6's record revealed: -Admitted: 11/12/25 -Discharged: 1/16/26 -Diagnoses of Adjustment Disorder, Intellectual Developmental Disability-Mild; Disruptive Mood Dysregulation Disorder. -Treatment plan dated 11/6/25- Interventions noted in of FC #6's goals:...: "Participating in PCP development and implementation..." -No documented CFT meetings.</p>	V 112		

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V 112	Continued From page 11 Interview on 3/24/26 the QP stated CFT meeting were held for clients but they were not documented.	V 112		
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings. This Rule is not met as evidenced by: Based on record review and interview the facility failed to have at least one full-time direct care staff who meets or exceeds the requirements of an Associate Professional (AP). The findings are:	V 295		

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V 295	Continued From page 12 Review on 3/18/26 of the Division of Health Service Regulation client/staff census completed by the Qualified Professional (QP) revealed no AP listed. Interview on 3/18/26 the QP stated: -The facility did not have an AP. -The had not had an AP since 2/10/26. -She planned to hire another AP.	V 295		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and	V 296		

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NAME OF PROVIDER OR SUPPLIER DEVINE HEALTHY SOLUTIONS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1432 VANDIFORD THOMAS ROAD SNOW HILL, NC 28580
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V 296	<p>Continued From page 13</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to meet the minimum staffing requirements required to meet the needs of the clients as specified in the treatment plan for 2 of 2 current clients (#1) The findings are:</p> <p>Review on 3/18/26 of facility records revealed: -A incident report dated 2/27/26 for client #. Time 3:00pm: "[Client #3] was mad at the movie theater...He got mad during the movie causing a disturbance..." Staff walked him out. "...[Client #3] fled on foot running out the theater persuing him on foot for 2 blocks." -Employee schedules from 2/5/26 - 3/22/26 had 2 staff scheduled for first, second and third shift.</p>	V 296		

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V 296	<p>Continued From page 14</p> <p>Review on 3/18/26 of client #3's record revealed: -Admitted: 2/18/26 -Diagnoses of Disruptive Mood Dysregulation Disorder and Post Traumatic Stress Disorder -Treatment plan dated 1/15/26- "Goal:...Identify triggers that might lead to conflict...- Interventions...provide individual psycho educational, training, and 1:1 intervention to strengthen communication skills, appropriate boundaries, setting concise and clear rules; Goal:...Identify and use at least two coping strategies for managing his emotions...- Interventions...provide individual psycho educational, training, and 1:1 intervention to strengthen communication skills, appropriate boundaries, setting concise and clear rules; Goal:...demonstrate safe and appropriate behavior across all settings including the group home, school and community...- Interventions...provide individual psycho educational, training, and 1:1 intervention to strengthen communication skills, appropriate boundaries, setting concise and clear rules..."</p> <p>Interview on 3/19/26 client #1 stated 2 staff worked at the facility on each shift.</p> <p>Interview on 3/19/26 client #2 stated 2 staff worked each shift at the facility.</p> <p>Interview on 3/19/26 client #3 stated: -When he ran away from the movies staff #1 was the only staff at the theater with the other clients. -Only 2 staff had worked when they were at the movies. -Two staff worked each shift at the facility.</p> <p>Interview on 3/20/26 staff #1 stated:</p>	V 296		

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V 296	<p>Continued From page 15</p> <p>-Two staff worked each shift at the facility. -She and staff #2 were the only staff that worked during the incident when client #3 left ran away from the movies.</p> <p>Interview on 3/20/26 staff #2 stated: -Two staff worked each shift. -He and staff #1 were the only staff that worked on 2/27/26 with the clients at the theater. -Staff #2 stayed at the movies with the other clients while he went after client #3. -There was no 1:1 staff assigned to client #3.</p> <p>Interview on 3/24/26 Former Staff #7 stated: -Two staff worked each shift.</p> <p>Interview on 3/24/26 the Qualified Professional stated: -The facility only worked 2 staff on each shift at the facility and in the community.. -She understood the facility was required to ensure the facility was staffed to meet the individual needs of the clients.</p>	V 296		
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</p>	V 300		

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V 300	<p>Continued From page 16</p> <p>persons as set forth in Paragraph (c) of this Rule. (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 make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility. (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. (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 record review and interview, the facility failed to ensure a service planning meeting was held within five business days of an emergency discharge affecting 1 of 4 audited clients (FC #6). The findings are:</p> <p>Review on 3/18/26 of former client (FC) #6's record revealed: -Admitted: 11/12/25. -Discharged: 1/16/26 -Diagnoses of Adjustment Disorder w/ Mixed Anxiety and Depressed Mood; Intellectual</p>	V 300		

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V 300	<p>Continued From page 17</p> <p>Developmental Disability-Mild and Disruptive Mood Dysregulation Disorder. -No documentation of a service planning meeting within 5 days of his discharge on 1/16/26.</p> <p>Interviews on 3/23/26 the Care Manager stated she had not participated in a service planning/discharge meeting for FC #6.</p> <p>Interview on 3/23/26 with FC #6's Department of Social Services Legal Guardian was unsuccessful and a message was left to return a call to the surveyor.</p> <p>Interview on 3/20/26 the Licensed Professional stated he was notified about the incident on 1/16/26 with FC #6 but he could not recall when.</p> <p>Interview on 3/24/26 the Qualified Professional stated: -No service planning/discharge meeting was held after FC #6's discharge on 1/16/26. -No updated assessment was completed for FC #6. -She had no documentation for FC #6's discharge.</p>	V 300		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social</p>	V 500		

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V 500	<p>Continued From page 18</p> <p>Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is</p>	V 500		

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V 500	<p>Continued From page 19</p> <p>renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all instances of alleged abuse were reported to the local Department of Social Services (DSS). The findings are:</p> <p>Review on 3/18/26 of the facility's records from 1/1/26-3/18/26 revealed: -Facility accident/incident report dated 1/15/16. "Describe the incident: Around 4:45 this morning [Former Client (FC) #6] jumps out his bedroom window then ran around to [Client #1's] window and they decided to runaway from home. Police was called they came and they found the kids by the neighbors house. [FC # 6] told police that staff was betting on them that's why they ran..."</p> <p>Review on 3/18/26 of the local sheriffs office incident/investigation report dated 1/16/26 revealed: -"Incident data: 1. Missing Person. 2. Child Neglect. Date 1/16/26 6:02am. Narrative: On 1/16/26 at approximately 6:06 a.m., deputies responded to a report of two male juveniles who had run away from a group home...A search of the area was conducted, and the juveniles were located in a wooded area before fleeing on</p>	V 500		

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V 500	<p>Continued From page 20</p> <p>foot...the juveniles, identified as ...{FC #6}...The juveniles reported being injured due to alleged abuse by staff at the group home..."</p> <p>Review on 3/18/26 of Former Client (FC) #6's record revealed: -Admitted: 11/12/25. -Discharged: 1/16/26 -Diagnoses of Adjustment Disorder w/ Mixed Anxiety and Depressed Mood; Intellectual Developmental Disability-Mild and Disruptive Mood Dysregulation Disorder.</p> <p>Interview on 3/19/26 Former Staff #7 stated: -She worked 3rd shift when Client #1 and FC #6 ran away. -FC #6 told the police that staff had beat him. -She documented the that FC #6 said staff had been beating him on the facility accident/incident report.</p> <p>Interview on 3/24/26 the Qualified Professional stated: -She was responsible for investigating and reporting allegations of abuse. -She notified the same morning (1/16/26) of the incident about the elopement and FC #6's allegation. -She had not reported the allegation of abuse to the local DSS. -FC #6 recanted his story.</p>	V 500		