

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-937	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/31/2026
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NAME OF PROVIDER OR SUPPLIER PEACE HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 627 DONALD ROSS DRIVE RALEIGH, NC 27610
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 3/31/26. Deficiencies were cited</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <ul style="list-style-type: none"> (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(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;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p>	V 113		

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

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V 113	<p>Continued From page 1</p> <p>(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 failed to have a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician for 2 of 3 audited clients (#1 and #2). The findings are:</p> <p>Review on 3/30/26 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 1/27/19 - Diagnoses: Schizophrenia; Traumatic Brain Injury; Hyperglyceridemia - Client #1 had a local agency guardian - No signed statement from the local agency guardian granting permission to seek emergency care from a hospital or physician <p>Review on 3/30/26 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 3/11/26 	V 113		

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V 113	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Diagnoses: Schizoaffective Disorder; Depression; Generalized Anxiety Disorder; Hyperlipidemia - Client #2 was their own guardian - No signed statement from the client granting permission to seek emergency care from a hospital or physician <p>Interview on 3/30/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - The Licensee was responsible for ensuring the facility obtained permission to seek emergency care for all clients <p>Interview on 3/31/26 the Licensee reported:</p> <ul style="list-style-type: none"> - Was responsible for ensuring the facility had permission to seek emergency care for all clients - "We have that (consent)" for client #1 and she did not know why it was not in his chart - Client #2 "has yet to sign" the forms granting permission to seek emergency care <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 113		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p>	V 114		

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V 114	<p>Continued From page 3</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were completed at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 3/30/26 of the facility's fire and disaster drill logs from 2/26/25 to 3/30/26 revealed:</p> <ul style="list-style-type: none"> - One fire drill completed on third shift on 3/27/25 - No fire drills completed on first shift since 9/13/25 - Disaster drills were completed on 1/13/26 and 12/20/25 on first shift - No other disaster drills were documented as completed <p>Interview on 3/30/26 client #1 reported:</p> <ul style="list-style-type: none"> - Did not remember if fire or disaster drills had been completed at the facility - Did not respond when asked what he would do for a fire or tornado <p>Interview on 3/30/26 client #2 reported:</p> <ul style="list-style-type: none"> - "I just got here ...this month" but did not respond when asked what date - The facility had not completed any drills since she was admitted <p>Interview on 3/30/26 client #3 reported:</p>	V 114		

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V 114	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Had been at the facility "a long time ...years" - Staff completed fire and disaster drills at the facility but she did not remember when that last drill was completed - Went to the edge of the road for a fire drill - Went "in the hallway and get down" for a tornado <p>Interview on 3/30/26 staff #1 reported:</p> <ul style="list-style-type: none"> - Began work at the facility "middle of 2025" and went out on medical leave at the end of 2025 but could not remember the dates and returned to work on 3/27/26 - Her shift was two weeks on and two weeks off - Staff were responsible for completing fire and disaster drills - Completed fire drills last year but had not completed one since returning to work at the facility - Took the clients to the end of the driveway for a fire drill - Had the clients get in closets and bathtubs for a tornado drill <p>Attempted to contact staff #2 three times via phone call or text message on 3/31/26 without success</p> <p>Interview on 3/30/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - Staff completed fire and disaster drills - Had not checked the fire and disaster drill logs "recently" and did not remember when she had last checked - The Owner was responsible for checking the fire and disaster drill logs to ensure drills were completed - Shifts at the facility for the purpose of fire and disaster drills were first shift 7AM-3PM, second 	V 114		

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V 114	Continued From page 5 shift 3PM-11PM, and third shift 11PM-7AM Interview on 3/31/26 the Licensee reported: - She and the staff were responsible for ensuring fire and disaster drills were completed - "We have them (forms documenting completed disaster drills) ...I know we had them ...somebody may have taken them out" of the disaster drill logs	V 114		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with	V 290		

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V 290	<p>Continued From page 6</p> <p>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 review and interview, the facility failed to ensure 1 of 3 audited clients' (#1) treatment plan documented they were capable of remaining in the community unsupervised for specified periods of time. The findings are:</p> <p>Review on 3/30/26 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 1/27/19 - Diagnoses: Schizophrenia; Traumatic Brain Injury; Hyperglyceridemia - Level of supervision assessment dated 4/20/25: "Level 4: Moves about the neighborhood with continual staff supervision requiring staff to be within audible, visual, and physical proximity of the individual." <p>Interview on 3/30/26 client #1 revealed:</p>	V 290		

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V 290	<p>Continued From page 7</p> <ul style="list-style-type: none"> - Had unsupervised time to leave the facility on his own - Did not respond when asked how long he was allowed to be unsupervised, where he went during his unsupervised time, or when his unsupervised time started <p>Interview on 3/30/26 staff #1 reported:</p> <ul style="list-style-type: none"> - Began work at the facility "middle of 2025" and went out on medical leave at the end of 2025 but could not remember the dates and returned to work on 3/27/26 - "I have no idea" if client #1 has unsupervised time - Client #1 had not used any unsupervised time since she arrived at the facility on 3/27/26 <p>Attempted to contact staff #2 three times via phone call or text message on 3/31/26 without success</p> <p>Interview on 3/30/26 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - Client #1 was given unsupervised time at the beginning of February 2026 to "walk to the store" but she could not remember the exact date - "I just forgot" to update the supervision assessment for client #1 <p>Interview on 3/31/26 the Licensee reported:</p> <ul style="list-style-type: none"> - The QP was responsible for all supervision assessments and granting clients' unsupervised time - Was not aware that the documentation was not completed granting client #1 unsupervised time <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 290		

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V 736	Continued From page 8	V 736		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner or kept free from offensive odor. The findings are:</p> <p>Observation on 3/30/26 at 10:23AM revealed:</p> <ul style="list-style-type: none"> - Client #1's room: <ul style="list-style-type: none"> - Dresser had one of six drawers misaligned to its spot with a 1 inch gap on the right side - Light brown dried particles were scattered across approximately 2 feet by 1 foot on the top of the dresser - Mattress was sunken spanning out about ¼ of the mattress in a round shape with the most sunken spot about halfway down the bed on the side closest to the door - Wall beside the door had a white patch about 3 inches wide by 4 inches long and 6 other small white patches approximately 1 inch in diameter - Dry musty odor was present throughout the room - Client #2's room had dried yellow paint on the floor near the door with a large stain approximately 5 inches wide and 7 inches tall, a smear approximately 3 inches wide and 2 feet long, and other small spots approximately ½ inch in diameter covering about ¼ of the space by the 	V 736		

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V 736	<p>Continued From page 9</p> <p>door approximately 3 feet long and spanning approximately 2½ feet from the wall</p> <ul style="list-style-type: none"> - Client #3 and #4's shared bathroom: <ul style="list-style-type: none"> - A white and gray chalky residue covered the tiles on the back right side of the shower approximately 18 inches wide and beginning at the top of the tub and rising approximately 2½ feet long - A white and gray chalky residue covered the area to the left of the shower temperature handle spanning approximately 6 inches to the left and 9 inches down to the top of the tub - Wall to the left of the doorframe had paint peeling approximately 6 inches in length and two inches wide approximately halfway up the doorframe - Shower vent-light had a gray dusty residue covering approximately ¼ of the vents - Hallway bathroom <ul style="list-style-type: none"> - Wall on the left-hand side of the tub had paint missing and peeling in a right triangular shape approximately 1 foot in length and 3 inches wide at the floor - Vertical stability bar to the left of the shower had missing paint spanning the portion below the bottom curve of the bar - Door had a light brown residue around the door handle spanning approximately 2 feet above and 1 foot below the handle and 6 inches from the edge of the door <p>Interview on 3/30/26 staff #1 reported:</p> <ul style="list-style-type: none"> - The staff were responsible for ensuring the facility was cleaned and the clients helped clean their bedrooms - The musty odor in client #1's room had been present since she arrived on 3/27/26 and she did not know that cause of the odor - The Licensee was responsible for maintenance of the facility and if something 	V 736		
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V 736	<p>Continued From page 10</p> <p>needed repaired "I call it in and let them know what needs to be done"</p> <p>Attempted to contact staff #2 three times via phone call or text message on 3/31/26 without success</p> <p>Interview on 3/30/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - The staff were responsible for ensuring the facility was cleaned - The Licensee was responsible for maintenance of the facility - Was not aware of any issues with the maintenance or cleanliness of the facility <p>Interview on 3/31/26 the Licensee reported:</p> <ul style="list-style-type: none"> - Was responsible for ensuring maintenance of the facility - The staff were responsible for ensuring the facility was cleaned - The brown particles on client #1's dresser were tobacco - Client #1's mattress "is recent" because "out of the blue he is wetting the bed" and "this is the third mattress that we have changed for this young man" - Was not aware of the other issues at the facility <p>This deficiency has been cited 3 times since the original cite on 3/26/24 and must be corrected within 30 days.</p>	V 736		