

PRINTED: 01/15/2026
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-994	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/09/2026
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NAME OF PROVIDER OR SUPPLIER QUALITY CARE III, LLC/HICKORY TREE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4010 HICKORY TREE LANE GREENSBORO, NC 27406
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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)	(X6) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 1/9/26. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <ol style="list-style-type: none"> (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. <p>(b) In addition to the requirements set forth in</p>	V 366		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Handwritten Signature

TITLE

owner/CEO

(X6) DATE

1/20/26

Tag: V366

Regulation: 10A NCAC 27G .0603 – Incident Response Requirements

1. Immediate Correction (What you did RIGHT AWAY)

Upon identification of the deficiency, the facility implemented immediate corrective actions:

- The incident involving Client #1 (fall on 11/23/25) was:
 - - Reviewed immediately
 - Entered into IRIS (or completed as a late entry if applicable)
 - A full incident review was completed including:
 - - Cause of incident
 - Staff response
 - Client outcome
 - The facility ensured:
 - - The client received appropriate medical care
 - Documentation was completed in the client record
 - All incidents within the past 90 days were reviewed to ensure:
 - - Proper reporting
 - IRIS submission compliance

2. Root Cause Analysis (WHY it happened)

The agency determined the following root causes:

- Lack of a clear incident reporting tracking system
- Staff and QP did not have a verification process to confirm IRIS submission
- Miscommunication and assumption that report was completed
- Lack of supervisory oversight and QA monitoring of incidents

3. System Changes (What you FIXED to prevent it)

Incident Reporting System

- A central Incident Log Tracker has been implemented to track:

- - All Level I, II, III incidents
 - Dates of occurrence
 - IRIS submission status

IRIS Submission Requirement

- All Level II and III incidents must be:
 - - Entered into IRIS within required timeframe
 - Staff must notify:
 - - QP / Supervisor immediately after incident

Internal Review Process

- For all Level II incidents:
 - - An internal review meeting will occur within 24 hours
 - Review will include:
 - - Cause of incident
 - Corrective actions
 - Prevention strategies

Responsibility Assignment

- The Qualified Professional (QP) is now responsible for:
 - - Ensuring IRIS submission
 - Verifying completion
- The Administrator will provide oversight

Staff Training

- All staff were retrained on:
 - - Incident levels (I, II, III)
 - Reporting timelines
 - IRIS requirements
 - Training is now part of:
 - - Orientation

- Annual training

4. Monitoring Plan (THIS IS CRITICAL)

Monitoring Activities:

- Weekly review of incident log
- Monthly QA audit of incident reports
- Verification that:
 - - All reportable incidents are in IRIS
 - Internal reviews were completed

Compliance Goal:

- 100% compliance with:
 - - Incident reporting timelines
 - IRIS submission
 - Internal review completion

5. Duration of Monitoring

- Monitoring will occur for 6 months minimum
- Continued thereafter through QA program

6. Person Responsible

- Primary: Qualified Professional (QP)
- Oversight: Administrator
- QA Monitoring: Quality Assurance Team

Tag: V367

Regulation: 10A NCAC 27G .0604 – Incident Reporting Requirements

1. Immediate Correction (What you did RIGHT AWAY)

Upon identification of the deficiency, the facility took immediate corrective action:

- The Level II incident involving Client #1 (11/23/25) was:
 - - Reviewed and confirmed
 - Submitted into IRIS (late entry)
 - Documentation was updated to reflect:
 - - Incident details
 - Medical treatment received
 - The facility conducted a look-back review of all incidents within the past 90 days to ensure:
 - - All reportable incidents were submitted to IRIS within required timeframes
 - Any additional missing reports were immediately submitted

2. Root Cause Analysis (WHY it happened)

The agency identified the following root causes:

- No tracking system to monitor 72-hour reporting deadlines
- QP relied on memory instead of verification
- Lack of clear assignment of responsibility for IRIS submission
- No supervisory review process to confirm completion

3. System Changes (What you FIXED to prevent it)

Incident Reporting Tracker (CRITICAL FIX)

- A central Incident Reporting Log has been implemented to track:
 - - Date of incident
 - Level (I, II, III)
 - IRIS submission due date (72-hour deadline)
 - Date submitted

Assigned Responsibility

- The Qualified Professional (QP) is now responsible for:
 - - Ensuring all Level II and III incidents are submitted to IRIS within 72 hours
- The Administrator will provide oversight and verification

72-Hour Deadline System

- A mandatory timeline policy has been implemented:
 - - Incident must be reported to QP immediately
 - IRIS submission must occur within 72 hours of awareness
- A deadline tracking alert system (log/calendar reminder) is now used

Double Verification Process

- After IRIS submission:
 - - Proof of submission (confirmation/email/screenshot) must be saved
- Supervisor will verify submission within 24 hours

Staff Training

- All staff were retrained on:
 - - Incident levels
 - Reporting requirements
 - 72-hour timeline
- Training is now part of:
 - - Orientation
 - Annual competency

4. Monitoring Plan (MOST IMPORTANT SECTION)

Monitoring Activities:

- Weekly review of Incident Log
- Monthly QA audit of IRIS submissions
- Verification of:
 - - Submission within 72 hours
 - Documentation accuracy

Compliance Goal:

- 100% compliance with:
- - IRIS submission within 72 hours
 - Proper documentation

5. Duration of Monitoring

- Monitoring will occur for 6 months minimum
- Continued as part of ongoing QA program

6. Person Responsible

- Primary: Qualified Professional (QP)
- Oversight: Administrator
- QA Monitoring: Quality Assurance Team

Division of Health Service Regulation

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V 366	<p>Continued From page 1</p> <p>Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 2</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement written policies governing their response to level I, II, or III incidents. The findings are:</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 3</p> <p>Review on 1/8/26 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 5/15/18 - Diagnoses of Traumatic Brain Injury and Dementia - An "After Visit Summary" from a hospital emergency department which reflected client #1 was seen at the hospital on 11/23/25 after a "fall." - Diagnoses with a "contusion of the scalp" and a "urinary tract infection associated with indwelling urethral catheter." - Imaging tests were completed which included but not limited to the following: "...cervical spine without contrast; CT (Computed Tomography) head without contrast" and imaging of his right elbow and right shoulder - Was administered Rocephin (an antibiotic) 1 gm (gram) injection while at the hospital <p>Interview on 1/8/26 with client #1 revealed:</p> <ul style="list-style-type: none"> - Had fallen at the facility and injured his head - Was transported by Emergency Medical Services (EMS) personnel to a hospital emergency department for treatment - Could not recall the date or any other specifics related to his fall and/or treatment at the hospital <p>Review on 1/8/26 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - No level II incident report had been submitted to IRIS regarding client #1 and the events of 11/23/25 <p>Interview on 1/8/26 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - She thought she had submitted an incident report to IRIS regarding the events of 11/23/25; however, she could not be sure - Would check her records to see if she had 	V 366		

Division of Health Service Regulation

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V 366	Continued From page 4 submitted an incident report to IRIS and inform the surveyor on 1/9/26 Interview on 1/9/26 with the QP revealed: - She had failed to submit a level II incident report to IRIS regarding client #1's fall and his EMS transport to a hospital emergency department on 11/23/25 - Client #1 was administered the Rocephin to treat his urinary tract infection - He returned to the facility on 11/23/25 - Although it was late, she had now completed an incident report and submitted it to IRIS - As there had been no level II incident report completed prior to 1/9/26, there was no documentation to support how client #1's health and safety needs were being attended to; a determination of the cause of the incident; what corrective measures were developed and implemented to prevent similar incidents and what person(s) were assigned to be responsible for implementation of any corrective and preventative measures which were all a part of a level II incident report	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 5</p> <p>becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report a level II incidents to the Local Management Entity (LME) responsible for the</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>catchment area where services were provided within 72 hours of becoming aware of the incident affecting 1 of 3 clients (client #1). The findings are:</p> <p>Review on 1/8/26 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 5/15/18 - Diagnoses of Traumatic Brain Injury and Dementia - An "After Visit Summary" from a hospital emergency department which reflected client #1 was seen at the hospital on 11/23/25 after a "fall." - Diagnoses with a "contusion of the scalp" and a "urinary tract infection associated with indwelling urethral catheter." - Imaging tests were completed which included but not limited to the following: "...cervical spine without contrast; CT (Computed Tomography) head without contrast" and imaging of his right elbow and right shoulder - Was administered Rocephin (antibiotic) 1 gm (gram) injection while at the hospital <p>Interview on 1/8/26 with client #1 revealed:</p> <ul style="list-style-type: none"> - Had fallen at the facility and injured his head - Was transported by Emergency Medical Services (EMS) personnel to a hospital emergency department for treatment - Could not recall the date or any other specifics related to his fall and/or treatment at the hospital <p>Review on 1/8/26 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - No level II incident report had been submitted to IRIS regarding client #1 and the events of 11/23/25 <p>Interview on 1/8/26 with the Qualified Professional (QP) revealed:</p>	V 367		

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V 367	<p>Continued From page 8</p> <ul style="list-style-type: none"> - She thought she had submitted an incident report to IRIS regarding the events of 11/23/25; however, she could not be sure - Would check her records to see if she had submitted an Incident report to IRIS and inform the surveyor on 1/9/26 <p>Interview on 1/9/26 with the QP revealed:</p> <ul style="list-style-type: none"> - She had failed to submit a level II incident report to IRIS regarding client #1's fall and his transport by EMS to a hospital emergency department on 11/23/25 - Client #1 was administered the Rocephin to treat his urinary tract Infection and he returned to the facility on 11/23/25 - Although it was late, she had now completed a level II incident report and submitted it to IRIS 	V 367		