

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/23/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>REDEC PALACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1201 WEST CROWELL STREET MONROE, NC 28112</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 3/23/26. The complaint was substantiated (Intake #NC00235134). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 4 and has a current census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></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> <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 interviews, the facility failed to have completed fire and disaster drills held at least quarterly and repeated on each</p>	V 114		


Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>shift. The findings are:</p> <p>Review on 3/19/26 of the facility's fire and disaster drill log from January 1, 2025-December 30, 2025 revealed:</p> <p>1st quarter (January-March 2025): - No 2nd shift (8pm-8am) fire and disaster drills.</p> <p>2nd quarter (April-June 2025): - No 2nd shift fire and disaster drills.</p> <p>3rd quarter (July-September 2025): - No 2nd shift fire and disaster drills.</p> <p>4th quarter (October-November 2025): - No 2nd shift fire and disaster drills.</p> <p>Interview on 3/19/26 with Client #1 revealed: - Completed fire drills every two months; - "We (clients) don't really do disaster drills."</p> <p>Interview on 3/19/26 with Client #2 revealed: - Completed fire and disaster drills.</p> <p>Interview on 3/19/26 with Staff #1 revealed: - Completed fire and disaster drills quarterly, per shift; - Was completing fire and disaster drills in the mornings.</p> <p>Interview on 3/23/26 with the Qualified Professional revealed: - Staff was responsible for completing fire and disaster drills; - Staff #1 was responsible for making sure the fire and disaster drills were completed.</p> <p>Interview on 3/19/26 with the Licensee revealed: -"We (staff) do it once a day according to</p>	V 114	<p>Compliance on Emergency plans and Supplies:</p> <p>The clinical team will implement the completion of fire drill/disaster drills during both shifts with a total of 2 fire drills and 2 disaster drills per quarter.</p> <p>Completion timeline:</p> <p>Training and initial implementation to be completed by 4/15/2026.</p> <p> Group Home Manager).</p>	
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V 114	Continued From page 2  whatever day the quarter falls on;" - There were two shifts (8am-8pm, 8pm-8am); - Fire and disaster drills were completed during the 8am-8pm shift.	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 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	V 290		

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V 290	<p>Continued From page 3</p> <p>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 maintain staffing to respond to and meet the individualized client needs of 1 of 3 clients (Former Client (FC) #3). The findings are:</p> <p>Review on 3/19/26 and 3/23/26 of FC #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date 12/1/25;</li> <li>- Diagnoses: Autism Spectrum Disorder, Intellectual Development Disorder, Major Depressive Disorder;</li> <li>- Discharge date 2/10/26.</li> </ul> <p>Review on 3/23/26 of FC #3's Health Risk Assessment dated 11/18/25 revealed:</p> <ul style="list-style-type: none"> <li>- FC #3 is nonverbal;</li> <li>- FC #3 required close supervision due to risk of wandering off;</li> <li>- FC #3 required 24-hour supervision to ensure safety;</li> <li>- FC #3 required someone to be awake at night to ensure health and safety.</li> </ul>	V 290		

Division of Health Service Regulation

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V 290	<p>Continued From page 4</p> <p>Review on 3/19/26 of the North Carolina Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>- Date of incident: 12/11/26;</li> <li>- Provider Comments- "Staff (staff #2) reported that 3am in the night, she awoke to use the bathroom and decided to check on the Client (FC #3). She then realized he was not in his room. She immediately called the Facility Director (licensee) who in turn called 911. The Police responded immediately and begun a search in the neighborhood and surrounding area but could not find him. At 6:49am, while at the house giving a report to the police, the member (FC #3) all by himself returned home with no assistance carrying items he had collected while out. The Paramedics were called to the house to check on his vitals and everything was fine."</li> </ul> <p>Attempted interview through telephone call on 3/20/26 and 3/23/26 for Staff #2 was unsuccessful due to no return contact before the survey exit.</p> <p>Interview on 3/20/26 with the Legal Guardian of FC #3 revealed:</p> <ul style="list-style-type: none"> <li>- FC #3 eloped from the facility on 12/11/25;</li> <li>- "I'm not sure if the staff was awake or sleep;"</li> <li>- "The staff should have been awake because he requires 24-hour care;"</li> <li>- The facility was aware FC #3 needed 24-hour supervision;</li> <li>- An alarm was placed on FC #3's window;</li> <li>- During a visit at the facility in December (date unknown), the alarm was not on;</li> <li>- FC #3 required 24- hour total care.</li> </ul> <p>Interview on 3/23/26 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- Staff completed checks on clients throughout</li> </ul>	V 290		

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V 290	<p>Continued From page 5</p> <p>the night every 2-3 hours;</p> <ul style="list-style-type: none"> <li>- FC #3 went out the back door on 12/11/25;</li> <li>- Added additional supervision for FC #3 the next day after the incident;</li> <li>- Turned on window alarm in FC #3's bedroom the next day after the incident;</li> <li>- FC #3 only eloped one time while he was at the facility;</li> <li>- Did not receive documentation that he needed to be supervised 24-hours, including sleep hours.</li> </ul> <p>Interview on 3/23/26 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- Received a call from Staff #2, that FC #3 was not in his room during a check at 3am;</li> <li>- Contacted the local police, to report FC #3 was missing;</li> <li>- FC #3 arrived back at the facility around 7am on 12/11/25;</li> <li>- Had the window alarm turned on the next day after the incident on 12/11/25;</li> <li>- FC #3 brought back a broken hammer, other rusted items;</li> <li>- Was not aware FC #3 needed to be as closely supervised.</li> </ul>	V 290	<p>Compliance with Staffing:</p> <p>The Clinical team will ensure that a thorough review of the members' needs is discussed and all measures to address safety are proactively implemented to prevent any incidents and provide health and safety.</p> <p>Completion Timeline: immediately</p>	
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of</p>	V 367		

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V 367	<p>Continued From page 6</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 7</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).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to submit to the Local Management Entity (LME)/ Managed Care Organization (MCO)</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>upon request other information regarding the incident. The findings are:</p> <p>Review on 3/19/26 of the facility's incident reports from 12/1/25-3/19/26 revealed:</p> <ul style="list-style-type: none"> <li>- 12/11/25- FC #3 eloped from the facility.</li> </ul> <p>Review on 3/19/26 of the Incident Response Improvement System (IRIS) from 12/1/25-3/19/26 revealed:</p> <ul style="list-style-type: none"> <li>- 12/11/25- FC #3 eloped from the facility.</li> </ul> <p>Review on 3/19/26 of an IRIS Report dated 12/11/25 for FC #3 revealed:</p> <ul style="list-style-type: none"> <li>- The incident occurred on 12/11/25;</li> <li>- The provider learned of the incident on 12/11/25;</li> <li>- The report was submitted on 12/11/25;</li> <li>- LME/MCO comments dated 12/17/25 "This report has been reviewed by Partners LME/MCO. Please follow-up to address the requested information within 5 business days;"</li> <li>- There was no response to LME/MCO request until 1/12/26.</li> </ul> <p>Interview on 3/23/26 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- Was responsible for completing IRIS reports;</li> <li>- Completed the IRIS report for FC #3's elopement on 12/11/25;</li> <li>- IRIS report was not updated due to "waiting on the Behavior Support Plan;"</li> <li>- "I should have put something into IRIS to let them know, that was my mistake."</li> </ul>	V 367	<p>Compliance on Incident reporting Requirements:</p> <p>The Clinical Team will complete all IRIS report requests in a timely manner and document any pending items for compliance purposes.</p> <p>Completion timeline: Immediately</p> <p>Person responsible:  <span style="background-color: black; color: black;">[REDACTED]</span> (Qualified Professional)</p>	