

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-357</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/29/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COSBY COUNSELING &amp; CONSULTING, PLLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1351 HARGROVE AVENUE</b> <b>GASTONIA, NC 28052</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 4/29/26. Three complaints were unsubstantiated (intake #NC00236404, #NC00236623, and #NC00236019) and one complaint was substantiated (#NC00236665). 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 currently has a census of 3. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <p>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p>	V 132		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 132	<p>Continued From page 1</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to notify Healthcare Personnel Registry (HCPR) of an alleged allegation of abuse and failed to protect the clients during an investigation. The findings are:</p> <p>Review on 4/9/26 of the local Department of Social Service (DSS) report revealed: -On 2/17/26, a DSS Social Worker informed the Licensee/Owner there was a complaint that Former Client (FC) #1 was allegedly abused by the Qualified Professional (QP). -FC #1 allegedly had bruises and a cigarette burn on his legs and reported the QP caused them. -FC#1 first said his dad caused the bruises then later said the QP.</p> <p>Review on 4/9/26 of the North Carolina Incident Reporting Improvement System (IRIS) revealed: -There was no incident report for the 2/17/26 allegation of abuse against FC #1 by the QP.</p> <p>Review on 4/20/26 of the facility's incident reports from 1/1/25- 3/30/25 revealed: -There was no documentation of an internal investigation conducted of the allegation of the</p>	V 132		

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V 132	<p>Continued From page 2</p> <p>QP abusing FC #1. -The QP was not suspended pending the internal investigation.</p> <p>Attempted interview on 4/14/26 with FC #1 was unsuccessful because he did not respond to questions asked.</p> <p>Interview on 4/29/26 with Investigating local DSS Social Worker revealed: -Started his investigation on 2/17/26. -Informed the Licensee/Owner that it was alleged FC #1 was abused by the QP. -"I spoke to [FC #1] two times about the allegation and, he (FC #1) named several different people each time." -"I spoke with the dad, grandma and [Licensee/Owner] and they all had different accounts of the allegation." -"It was a bunch of he said, she said." -Unsubstantiated the allegation.</p> <p>Interview on 4/28/26 with HCPR Staff revealed: -There was no HCPR report from the Licensee/Owner.</p> <p>Interview on 4/23/26 with the QP revealed: -Was not aware of an internal investigation. -Was not suspended on 2/17/26 when DSS notified the facility of the allegation of abuse. -The Licensee/Owner was responsible for internal investigations. -The Licensee/Owner was responsible for reporting to HCPR.</p> <p>Interview on 4/29/26 with the Licensee/Owner revealed: -"I did not know if I should report to DSS or not because it was so much going on." -"I should've reported it anyway."</p>	V 132		

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V 132	Continued From page 3  -Did not suspend the QP pending an internal investigation. -"DSS was already investigating it (the allegation), I was not really sure who the allegation was against [QP] or the dad." -Would report all allegations of abuse to HCPR. -Would be sure to properly investigate all allegations of abuse	V 132		
V 366	27G .0603 Incident Response Requirements  10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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: (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. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal	V 366		

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V 366	<p>Continued From page 4</p> <p>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> <p>(D) issue a final written report signed by the owner within three months of the incident. The</p>	V 366		

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V 366	<p>Continued From page 5</p> <p>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>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement policies governing their response to level II incidents as required. The findings are:</p> <p>Review on 4/9/26 of the local Department of</p>	V 366		

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V 366	<p>Continued From page 6</p> <p>Social Service (DSS) report revealed: -On 2/17/26, the Investigating DSS Social Worker informed the Licensee/Owner there was a complaint that Former Client (FC) #1 was allegedly abused by the Qualified Professional (QP). -FC #1 allegedly had bruises and a cigarette burn on his legs and reported the QP caused them. -FC#1 first said his dad caused the bruises then later said the QP.</p> <p>Review on 4/9/26 of the facility's incident reports from 1/1/26- 3/30/26 revealed: There was no Risk Cause Analysis (RCA) documentation for the above incident on 2/17/26 to demonstrate how the facility: -attended to the health and safety needs of individuals involved in the incident; -determine the cause of the incident; -develop and implement corrective measures; -develop and implement measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; -assigned person (s) to implement corrections and preventative measures; -adhere to confidentiality requiems; -maintaining documentation.</p> <p>Attempted interview on 4/14/26 with FC #1 was unsuccessful because he did not respond to questions asked.</p> <p>Interview on 4/23/26 with the QP revealed: -The Licensee/Owner is responsible for responding to incidents.</p> <p>Interview on 4/28/26 with the Licensee/Owner revealed: -Was responsible for responding to incidents. -Was not sure if she should do an internal</p>	V 366		

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V 366	Continued From page 7  incident. -Would document the incident and complete an RCA.	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 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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (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: (1) the provider has reason to believe that	V 367		

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V 367	<p>Continued From page 8</p> <p>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 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> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II incidents in the Incident Response Improvement System (IRIS). The findings are:</p> <p>Review on 4/9/26 of the local Department of Social Service (DSS) report revealed: -On 2/17/26, the Investigating DSS Social Worker informed the Licensee/Owner there was a complaint that Former Client (FC) #1 was allegedly abused by the Qualified Professional (QP). -FC #1 allegedly had bruises and a cigarette burn on his legs and reported the QP caused them. -FC#1 first said his dad caused the bruises then later said the QP.</p> <p>Review on 4/9/26 of the North Carolina Incident Reporting Improvement System (IRIS) revealed: -There was no incident report for the 2/17/26 allegation of abuse against FC #1 by the QP.</p> <p>Interview on 4/29/36 with the Investigating DSS Social Worker revealed:</p>	V 367		

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V 367	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>-Started his investigation on 2/17/26.</li> <li>-Informed the Licensee/Owner that it was alleged FC #1 was abused by the QP.</li> <li>-"I spoke to FC #1 two times about the allegation and, he (FC #1) named several different people each time."</li> <li>-"I spoke with the dad, grandma and [Licensee/Owner] and they all had different accounts of the allegation."</li> <li>-"It was a bunch of he said, she said."</li> <li>-Unsubstantiated the allegation.</li> </ul> <p>Attempted interview on 4/14/26 with FC #1 was unsuccessful because he did not respond to questions asked.</p> <p>Interview on 4/23/26 with the QP revealed:</p> <ul style="list-style-type: none"> <li>-Licensee/Owner was responsible for IRIS reports.</li> <li>-"[Licensee/Owner] lets us (staff) know when we need to enter an incident report in IRIS."</li> <li>-Did not submit an incident report to IRIS.</li> </ul> <p>Interview on 4/29/26 with the Licensee/Owner revealed:</p> <ul style="list-style-type: none"> <li>-Did not an incident report to IRIS after learning of the allegation FC #1 was abused by the QP .</li> <li>-"I just wasn't sure if the incident needed to be put in IRIS."</li> <li>-Would submit an incident report for all level II allegations.</li> </ul>	V 367		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(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.</p>	V 500		

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V 500	<p>Continued From page 11</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social 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>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-357</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/29/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COSBY COUNSELING &amp; CONSULTING, PLLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1351 HARGROVE AVENUE GASTONIA, NC 28052</b>
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V 500	<p>Continued From page 12</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 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) affecting 1 of 1 Former Clients (FS) #1. The findings are:</p> <p>Review on 4/6/26 of FC #1's record revealed: -Admission date 7/18/26. -Diagnoses of Autism, Fetal Alcohol Syndrome, Attention Deficit Hyperactivity Disorder, and a Chromosome Disorder. -Discharged on 3/3/26.</p> <p>Review on 4/9/26 of the local Department of Social Service (DSS) report revealed: -On 2/17/26, a DSS Social Worker informed the Licensee/Owner there was a complaint that Former Client (FC) #1 was allegedly abused by the Qualified Professional (QP). -FC #1 allegedly had bruises and a cigarette burn on his legs and reported the QP caused them.</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-357</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/29/2026</b>
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V 500	<p>Continued From page 13</p> <p>-FC#1 first said his dad caused the bruises then later said the QP.</p> <p>Review on 4/9/26 of the North Carolina Incident Reporting Improvement System (IRIS) revealed: -There was no incident report for the 2/17/26 allegation of abuse against FC #1.</p> <p>Interview on 4/29/36 with Investigating DSS Social Worker revealed: -Started his investigation on 2/17/26. -Informed the Licensee/Owner that it was alleged FC #1 was abused by the QP. -"I spoke to [FC #1] two times about the allegation and, he (FC #1) named several different people each time." -"I spoke with the dad, grandma and [Licensee/Owner] and they all had different accounts of the allegation." -"It was a bunch of he said, she said." -Unsubstantiated the allegation.</p> <p>Attempted interview on 4/14/26 with FC #1 was unsuccessful because he did not respond to questions asked.</p> <p>Interview on 4/23/26 with the QP revealed: -The Licensee/Owner was responsible for making DSS reports when there is an allegation of abuse.</p> <p>Interview on 4/29/26 with the Licensee/Owner revealed: -"I did not know if I should report to DSS or not because it was so much going on." -"I should've reported it anyway." -Would report all allegations of abuse to DSS.</p>	V 500		