

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-119	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/04/2026
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NAME OF PROVIDER OR SUPPLIER PIONEER HEALTHCARE, INC #5	STREET ADDRESS, CITY, STATE, ZIP CODE 440 GUN CLUB ROAD HENDERSON, NC 27537
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 5/4/26. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 3 and has a current census of 0. The survey sample consisted of audits of 1 discharged client.</p>	V 000		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which</p>	V 289		

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

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V 289	<p>Continued From page 1</p> <p>serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility</p>	V 289		

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V 289	<p>Continued From page 2</p> <p>failed to ensure the facility operated as licensed. The findings are:</p> <p>Review on 4/21/26 of the facility's license revealed:</p> <ul style="list-style-type: none"> - Expire: 12/20/26 - Supervised Living: Alternative Family Living in a Private Residence <p>Attempted interview on 4/27/26, 4/28/26 & 4/30/26 with staff #1 were unsuccessful and no return calls were received by the exit of this survey, 5/4/26.</p> <p>Interview on 4/21/26 the Administrator reported:</p> <ul style="list-style-type: none"> - staff #1 was her primary staff - staff #1 lived in the facility - staff #1 hadn't worked or been at the facility since 4/5/26 when fc#1's guardian picked up his belongings - she did not have the money to keep paying staff #1 with no clients <p>Interview on 4/30/26 the Administrator reported:</p> <ul style="list-style-type: none"> - she had no other phone number for staff #1 - she hadn't spoken with staff #1 in a while - the facility was not being used since she didn't have any clients - she had not told staff #1 not to come back so staff #1 still worked for her <p>Interview on 4/30/26 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - confirmed the license was listed as an "F" - it had come up before that they were operating as a "C" - this was already in operation when she came aboard and "who was I to question the facility" - it didn't dawn on her that this facility was an "F" because they had several "C's" 	V 289		

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V 289	<p>Continued From page 3</p> <p>Interview on 5/1/26 the Administrator reported:</p> <ul style="list-style-type: none"> - before she opened this facility, she inquired about the program code she should use with the Division of Health Service Regulation - she was told that an "F" didn't have to be her primary residence - "anybody who is willing to do it can stay there" - they didn't do shift changes - the staff stayed in the residence <p>Review on 5/1//26 of an email from the Administrator revealed:</p> <ul style="list-style-type: none"> - staff #1's Georgia stated issued identification card with a Georgia address on it - expired: 10/21/24 - she didn't have another identification card for staff #1 showing the facility as her residence 	V 289		
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 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</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>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 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</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>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 notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services were provided of level II incidents within the required time frames. The findings are:</p> <p>Review on 4/21/26 of former client (fc) #1's</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>record revealed:</p> <ul style="list-style-type: none"> - Admitted: 7/9/24 - Diagnoses: Schizoaffective Disorder Bipolar Type, Mild Intellectual Disability, and Conduct Disorder Unspecified - Discharged: 3/30/26 <p>Review on 4/21/26 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - no Level II incidents submitted <p>Interview on 4/21/26 the Administrator reported:</p> <ul style="list-style-type: none"> - was unsure if there had been any Level II incident reports - the Qualified Professional (QP) was responsible for submitting IRIS reports - fc #1 had been in the hospital since 3/30/26 for behavioral issues - he had multiple hospitalizations - fc #1 went to the hospital on 3/30/26 because he went outside, found some rocks and broke house windows, "smashed" the microwave, and broke the bedroom doors - staff called 911 and police responded and transported fc #1 to the hospital <p>Interview on 4/27/26 the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - she visited the facility monthly - she was responsible for completing IRIS - she was not in the office today, 4/27/26, and would get the receipts for the IRIS entries she submitted for fc #1's behaviors - fc #1 stayed in a manic state, having aggressive talks with the staff and property destruction <p>Interview on 4/27/26 former client #1's guardian revealed:</p> <ul style="list-style-type: none"> - had been his guardian "off and on" since 	V 367		

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V 367	<p>Continued From page 7</p> <p>2024</p> <ul style="list-style-type: none"> - she visited him quarterly at the facility - the first several months (6-8 months), fc #1 was "somewhat pretty stable" - history showed that he would be stable for awhile then would start "acting up" and go to the hospital - she was notified by staff of all of his hospitalizations - fc #1 had been to the hospital 5 or 6 times, if not more, for behaviors within the last 6 months <p>Review on 4/30/26 of the police call service log revealed:</p> <ul style="list-style-type: none"> - Between September 2025 - March 2026 there were 7 calls ranging from disorderly subject, civil disturbance, and communicating threats made to the police <p>Review on 5/1/26 of the facilities internal incident reports revealed:</p> <ul style="list-style-type: none"> - 3/31/26 - Sheriff's came to the facility and escorted fc #1 to the hospital for property destruction - 1/20/26 - Police took him to the hospital for being verbally abusive to employees and property destruction - 1/18/26 - The police were called for fc #1 being argumentative and disrespectful to staff - 12/18/25 - Sheriff's transported fc #1 to the hospital for being very argumentative, combative and verbally abusive and also tried to throw a chair at staff - 11/11/25 - Police were called because fc #1 eloped - 11/10/25 - Police were called and responded because fc #1 was talking loud, yelling, cursing, slamming doors, threw the Bible and "mush" staff in the mouth - 9/8/25 - Police took fc #1 to the hospital 	V 367		

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V 367	<p>Continued From page 8</p> <p>because he was stomping, slamming doors, screaming and fc #1 called the police</p> <p>Further interview on 4/30/26 the QP reported:</p> <ul style="list-style-type: none"> - she wasn't in the office due to personal reasons and couldn't look for the IRIS receipts - her staff looked for the IRIS receipts and were not able to find the IRIS receipts but she knew she did some - once she received the paper incident reports from staff, that determined whether she put it in IRIS - every time the police were called, staff notified her within 24 hours so that reports could be done in a timely manner - some of the police calls she didn't find out about until late so IRIS couldn't be done in a timely manner <p>Further interview on 5/1/26 the Administrator reported:</p> <ul style="list-style-type: none"> - she didn't know why IRIS wasn't completed - she didn't go into IRIS herself - she made sure the incident reports were completed and then sent to the QP who would then do IRIS, if needed - she couldn't speak on what she didn't know 	V 367		