

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/09/2026
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NAME OF PROVIDER OR SUPPLIER INTEGRATED TREATMENT SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2329 SPRINGS ROAD NE HICKORY, NC 28601
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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)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on April 9, 2026. The complaint was substantiated (intake # NC00236499). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups.</p> <p>The facility is licensed for 6 and has a current census of 0. The survey sample consisted of audits of 8 former clients.</p>	V 000	<p>V 105</p> <p>Strict adherence to admission policy requirements and procedures will be followed immediately upon client admission to the facility. This will be overseen and followed up by the Program Director/QP. The follow-up will occur within 1 week of the admission of the client to verify all assessments and procedures were conducted and documented as such. The admission file will be properly maintained and kept on the facility property in order to be updated and referenced as needed.</p>	
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

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If continuation sheet 1 of 115

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<p>V 105</p>	<p>Continued From page 1</p> <p>can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	<p>V 105</p>		
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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement their admission policy regarding admission screenings affecting 8 of 8 former clients ((FC) #1-8). The findings are:</p> <p>Review on 4/1/26 of the facility's admission policy titled Admission Assessment revealed: - "Integrated Treatment (Licensee) strives to address the specific needs and goals of each individual client In order to customize the program to each youth and address any safety concerns, staff will administer specific assessments to gather information on client needs.</p> <p>-Procedures:</p> <p>-1) The Beck Hopelessness Scale (BHS) will be administered and completed by the client within 24 hours of admission. This assessment measures key aspects of hopelessness and gauges suicidality. The BHS will only be administered and scored by staff who have been appropriately trained to do so.</p> <p>-2) The Adverse Childhood Experiences (ACEs) Questionnaire will be administered and completed by the client within 72 hours of admission. This questionnaire helps identify the client's past experiences with trauma, including abuse, neglect, and family dysfunction. The ACEs Questionnaire will only be administered and scored by staff who have been appropriately trained to do so.</p> <p>-3) The Rosenberg Self-Esteem Scale (RSES) will be administered and completed by the client within 72 hours Of admission. This self-report</p>	V 105		
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V 105	<p>Continued From page 3</p> <p>instrument is used to evaluate individual self-esteem. The Rosenberg Self-Esteem Scale will only be administered and scored by staff who have been appropriately trained to do so. -4) The Massachusetts Youth Screening instrument (MAYSI-2) will be administered and completed by the client within 72 hours of admission..."</p> <p>Review on 3/20/26 of FC #1's record revealed: -Age: 12 years. -Date of Admission: 11/7/25. -Date of Discharge: 3/6/26. -Diagnoses: Post Traumatic Stress Disorder (PTSD), Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactivity Disorder (ADHD), and Autism Spectrum Disorder. -No documentation of the facility implementing admission policy regarding admission screening prior to receiving services at the facility.</p> <p>Review on 3/20/26 of FC #2's record revealed: -Age: 15 years. -Date of Admission: 2/17/26. -Date of Discharge: 3/13/26. -Diagnoses: PTSD, and Disruptive Mood Dysregulation Disorder (DMDD). -No documentation of the facility implementing admission policy regarding admission screening prior to receiving services at the facility.</p> <p>Review on 3/20/26 of FC #3's record revealed: -Age: 14 years. -Date of Admission: 1/12/26. -Date of Discharge: 2/13/26. -Diagnoses: Unspecified Trauma and Stressor Related Disorder, Conduct Disorder, Unspecified Anxiety Disorder, and ODD. -No documentation of the facility implementing admission policy regarding admission screening</p>	V 105	
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V 105	<p>Continued From page 4</p> <p>prior to receiving services at the facility.</p> <p>Review on 3/20/26 of FC #4's record revealed: -Age: 13 years. -Date of Admission: 12/12/25. -Date of Discharge: 3/18/26. -Diagnoses: Conduct Disorder, ODD, and ADHD. - No documentation of the facility implementing admission policy regarding admission screening prior to receiving services at the facility.</p> <p>Review on 3/20/26 of FC #5's record revealed: -Age: 14 years. -Date of Admission: 2/7/26. -Date of Discharge: 3/18/26. -Diagnoses: DMDD, PTSD, Conduct Disorder, Reactive Attachment Disorder, ODD, ADHD, and Autism Spectrum Disorder. -No documentation of the facility implementing admission policy regarding admission screening prior to receiving services at the facility.</p> <p>Review on 3/20/26 of FC #6's record revealed: -Age: 15 years. -Date of Admission: 3/6/26. -Date of Discharge: 3/18/26. -Diagnoses: PTSD, and ODD. -No documentation of the facility implementing admission policy regarding admission screening prior to receiving services at the facility.</p> <p>Review on 3/20/26 of FC #7's record revealed: -Age: 17 years. -Date of Admission: 2/7/26. -Date of Discharge: 3/3/26. -Diagnoses: PTSD, Unspecified Schizophrenia Spectrum and Other Psychotic Disorder, and Unspecified Depressive Disorder. -No documentation of the facility implementing admission policy regarding admission screening</p>	V 105		
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V 105	<p>Continued From page 5 prior to receiving services at the facility.</p> <p>Review on 3/20/26 of FC #8's record revealed: -Age: 17 years. -Date of Admission: 3/8/26. -Date of Discharge: 3/18/26. -Diagnoses: ODD and PTSD. -No documentation of the facility implementing admission policy regarding admission screening prior to receiving services at the facility.</p> <p>Interview on 4/6/26 with Staff #2 revealed: -The BSH, ACEs, RSES, and MAYSI-2 "are in a packet (admission assessment) for the clients." -"[Former Qualified Professional (QP) #1] went over this process with me (completing the BSH, ACEs, RSES, and MAYSI-2 with the clients), each client gets the packet (admission assessment) to do with staff and that was pretty much it." -"When we get a new client either I do them (BSH, ACEs, RSES, and MAYSI-2) or the Direct Support Professional (DSP) on the floor (on shift) do it with every new client, staff just go through the questions, staff don't need training to do it." - She "didn't get training to do it (BSH, ACEs, RSES, and MAYSI-2), just read the questions" to the clients. -"Staff knows that when a new client comes, they get one of those packets (BSH, ACEs, RSES, and MAYSI-2) to do...whichever staff can get to it will do it." -"Was never told to do an assessment (assessment to address the specific needs and goals of each individual client) for new clients." - "Clients should of had the forms (BSH, ACEs, RSES, and MAYSI-2 completed), not sure why it is not there (in the individual client record)." Interview on 4/6/26 with Staff #5 revealed:</p>	V 105	
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V 105	<p>Continued From page 6</p> <p>-Did not receive training on how to complete the BSH, ACEs, RESE, and MAYSI-2, "just go over the packet with the client, wasn't really told how to do it or approach it."</p> <p>-"Was told that it (BSH, ACEs, RESE, and MAYSI-2) gives us an idea about how the client feels, wasn't gone over in detail with me." -</p> <p>There was "no real assessment of behaviors (admission assessment to address the specific needs and goals of each individual client)."</p> <p>Interview on 4/6/26 with the Former QP #1 revealed:</p> <p>-Went over the BSH, ACEs, RESE, and MAYSI-2 with the Executive Director/Program Director/Owner but "was nothing I ever received training for."</p> <p>-Completing the BSH, ACEs, RESE, and MAYSI-2 with the clients upon intake was "one of those things as a QP it was self-explanatory (how to complete) for each one."</p> <p>-Was "not sure why" the BSH, ACEs, RESE, and MAYSI-2 was not in the client records at the facility.</p> <p>-There was not an assessment to address the specific needs and goals of each individual client, "no didn't have anything like that, I was in the process of creating it but didn't get it done."</p> <p>Interview on 3/30/26 with the Business Manager/Consultant revealed:</p> <p>-"We don't do admission assessments here (at facility), we get the intake info (information) back from the guardian after it is sent to them."</p> <p>Interviews on 3/30/26 and 4/9/26 with the Executive Director/Program Director/Owner revealed:</p> <p>-Created the facility's admission policy titled Admission Assessment.</p>	V 105		
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<p>V 105</p>	<p>Continued From page 7</p> <p>-"Assessments (admission screenings) go to Department of Social Services worker, and they fill those out (admission screening for clients)." -</p> <p>"There was an assessment on the 4 (BSH, ACEs, RESE, and MAYSI-2) supposed to be done (with all clients) but obviously not (was not completed with clients)."</p> <p>-"Went over it (BSH, ACEs, RESE, and MAYSI-2) with [Former QP #1] and [Former Staff #1], they were supposed to train staff to do it (BSH, ACEs, RESE, and MAYSI-2 with clients upon admission)."</p> <p>-He was "not aware staff weren't trained in doing them (BSH, ACEs, RESE, and MAYSI-2)." -Was not sure why there were no admission screenings with the client information provided.</p> <p>-"...a lot of stuff [Former Staff #1] and [Former QP #1] took (documentation from the facility after alleged termination around 2/17/26)...don't know what they took (potentially the completed BSH, ACEs, RESE, and MAYSI-2 for each client)."</p>	<p>V 105</p>	
<p>V 107</p>	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <p>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</p> <p>(2) specifies the duties and responsibilities of the position;</p> <p>(3) is signed by the staff member and the supervisor; and</p> <p>(4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who</p>	<p>V 107</p>	<p>V 107</p> <p>ements</p> <p>r/QP and House Manager will ensure all employee files are located at v and checklists are complete prior to employee reporting to work any</p> <p>rector/QP will complete the employee checklist of documentation and Program Director/QP will inform the House Manager concerning the ing all needed documents to be eligible to be placed on the schedule</p> <p>r/QP will monitor employee records every 60 days for compliance.</p> <p>r/QP will ensure employee records include the following:</p> <ul style="list-style-type: none"> • Date of hire • Criminal background check • North Carolina Health Care Personnel Registry findings, if any • Signed job description that includes minimum age, literacy, minimum education, work experience, and all other qualifications required for position and all job duties plainly listed - signed and dated by staff and QP or direct supervisor. <ul style="list-style-type: none"> ◦ This will be maintained in the employee record for duration of employment • Drivers license • Education verification • All training - records of completion upon hire and updated annually or as required by state regs (or federal depending on the strictest time frame) <ul style="list-style-type: none"> ◦ To include: CPR/First Aid (including seizure management),, ADA (de escalation, conflict resolution, etc), Person Centered Thinking, Documentation, Incident Reporting, Abuse/Neglect/Exploitation,

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		<p>Client/Disability Rights, Policies and Procedures of Company, Med Tech, and Bloodborne Pathogens/Infectious Disease, etc.</p> <ul style="list-style-type: none"> • On the Job Training, or OJT, consists of one full week of work overseen by a house manager to ensure that job duties are understood and completed at a level that shows proficiency. <ul style="list-style-type: none"> ◦ Client specific competency training on each client in the facility will occur during OJT. These will be updated as needed and staff will be trained on updates, as well. Documentation of training will be placed in the client chart. ◦ Once completed, staff can then be placed on schedule regularly and without restriction. • All training listed above should be completed before client interaction occurs - this can be referenced as a new-hire orientation conducted by QP or Program Director. OJT can be conducted on the first week on shift but the staff can not work alone prior to documented completion of OJT • Any coaching/disciplinary action • Quarterly employee review with house manager, QP, program director
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<p>V 107</p>	<p>Continued From page 8</p> <p>provides care or services to clients on behalf of the facility:</p> <p>(1) is at least 18 years of age;</p> <p>(2) is able to read, write, understand and follow directions;</p> <p>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</p> <p>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a file was maintained for 1 of 9 audited paraprofessional staff (Business</p>	<p>V 107</p>		
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V 107	<p>Continued From page 9</p> <p>Manager/Consultant). The findings are:</p> <p>An attempted review on 3/20/26 of the Business Manager/Consultant's personnel record revealed:</p> <ul style="list-style-type: none"> -No personnel record. -No written job description. -No documentation to identify the minimum level of education, competency, work experience and other qualifications for the position. -No documentation of the duties and responsibilities of the position. -No documentation of being at least 18 years of age. -No documentation of ability to read, write, understand, or follow direction. -No documentation of having met the minimum level of education, competency, work experience, skills and other qualifications for the position. -No documentation of substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. -No documentation of facility required that all applicants for employment disclose any criminal conviction. <p>Interview on 3/23/26 with former client (FC) #2's Department of Social Services Child Protective Services (DSS/CPS) legal guardian revealed:</p> <ul style="list-style-type: none"> -She "had one face to face interaction (with Business Manager/Consultant) the day we moved her in (to facility), [Business Manager/Consultant] was at facility for intake." -The Business Manager/Consultant was "in charge of the facility, owner of facility." <p>Interview on 3/23/26 with FC #2 revealed: -</p> <ul style="list-style-type: none"> "[Business Manager/Consultant] was at the home (facility) random times." "[Business Manager/Consultant] would always be trying get us (clients) to go to stores with him" 	V 107		
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V 107	<p>Continued From page 10</p> <p>individually (with no other staff or clients)." -Had observed the Business Manager/Consultant interview "the new white man for the Qualified Professional (QP) (#2) job at the house (facility)."</p> <p>Interview on 3/24/26 with FC #3 revealed: -The Business Manager/Consultant "came once a week (to facility), he would be checking on staff and checking on us (clients)." -"...(Business Manager/Consultant) sometimes giving us (clients) money (as an allowance)."</p> <p>Interview on 3/25/26 with FC #4 revealed: -"He (Business Manager/Consultant) was there (at facility) probably every week." -"[Business Manager/Consultant] would bring money for us (clients), get money every Friday." - Her "2nd hospital involuntary commitment was [Business Manager/Consultant] who picked me up from the hospital."</p> <p>Interview on 3/23/26 with FC #5's legal guardian/parent revealed: -"[Business Manager/Consultant] was the director of the facility, told by him and staff that he was in charge." -"[Business Manager/Consultant] was there (at facility) on 2/7/26 at intake (FC #5), shook his hand and talked with him for 3 minutes before he left."</p> <p>Interview on 3/23/26 with FC #5 revealed: -The Business Manager/Consultant "was the one who gave us (clients) money for allowance and buying groceries (for facility)." -"Every Friday [Business Manager/Consultant] would give us (clients) the 20 dollars and we would give it to staff to count and put it in an envelope in the staff office (at facility)." -Would see the Business Manager/Consultant at</p>	V 107		
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V 107	<p>Continued From page 11</p> <p>the facility "sometimes on Saturdays and Sundays."</p> <p>-While at the facility the Business Manager/Consultant "talked to me, would say hi, and talk with the staff."</p> <p>Interview on 3/23/26 with FC #6 revealed: -"[Business Manager/Consultant] was the house manager (for facility)." -The Business Manager/Consultant came to the facility and "would bring food...would give us (clients) money if we did our chores...talk to staff and sometimes talk to kids (clients)."</p> <p>Interview on 3/23/26 with FC #7's DSS legal guardian revealed: -"...[Business Manager/Consultant] was the contact person for placement (at facility) and sent me an intake packet to complete for [FC #7]."</p> <p>Interview on 3/23/26 with FC #7 revealed: -The Business Manager/Consultant was "coming to the house (facility) often, saw dude (Business Manager/Consultant) weekly (at facility) easily." - "[Business Manager/Consultant] would pull up in the middle of the night (at facility) and give the little girl [FC #4] [plastic toy]." -When the Business Manager/Consultant was at the facility "he would try to get me to go to places with him...wouldn't go." -"[Business Manager/Consultant] would say he is a consultant (for facility)."</p> <p>Interview on 3/25/26 with FC #8 revealed: -He saw the Business Manager/Consultant "4-5 times in the home (facility)." -"[Business Manager/Consultant] would give us (clients) money after we did our chores." -"Saw him (Business Manager/Consultant) every Friday, he would give the money (for completing</p>	V 107		
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V 107	<p>Continued From page 12</p> <p>chores) to the staff." -"[Business Manager/Consultant] would check in (at facility) and talk with us (clients)."</p> <p>Interview on 3/20/26 with the local DSS/CPS Investigator revealed: -It was "clear that [Business Manager/Consultant] does have the interactions with clients and at the home (facility) periodically, drops off supplies, coordinates maintenance for the house, contacted multiple times (by staff) for crisis and gave staff direction to call mobile crisis." -"[Staff #3] told me [Business Manager/Consultant] runs the show (facility)."</p> <p>Interview on 3/24/26 with Former Staff #1 revealed: -"[Business Manager/Consultant] was more if we (staff) had had questions about the house (facility) or something going on (client behaviors)." -She would "see him (Business Manager/Consultant) once a week (at facility), he was dropping by bring groceries, supplies (for facility)." -"[Business Manager/Consultant] brought money for the clients."</p> <p>Interview on 3/24/26 with Staff #5 revealed: - The Business Manager/Consultant "is the consultant...he helps us (staff) out." -Talked with the Business Manager/Consultant about concerns with 1st shift not enforcing facility rules, "[Business Manager/Consultant] said they would implement a strict policy for the facility (rules for staff)."</p> <p>Interview on 3/23/26 with Staff #6 revealed: -"[Business Manager/Consultant] would come in (to facility) and speak to clients and staff."</p>	V 107		
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<p>V 107</p>	<p>Continued From page 13</p> <p>-"[Business Manager/Consultant] was in the home (facility) bringing in groceries." -"[Business Manager/Consultant] would talk to the kids (clients), ask how day is going, ask if they need anything." -"[Business Manager/Consultant] is always calling (the facility) and checking up (with staff), seeing if kids (clients) need anything."</p> <p>Interview on 3/24/26 with Former QP #1 revealed: -"[Business Manager/Consultant] he hired me to be the Qualified Professional (QP)" of the facility. - "[Business Manager/Consultant] was making the decision about which kids (clients) can come (admitted) into the home (facility)." -"[Business Manager/Consultant] was doing the intake with the (client's) care coordinator/guardian then sending me the completed paperwork to sign off on."</p> <p>Interview on 3/30/26 with the Business Manager/Consultant revealed: -He "would come in (to facility) and talk to the House Manager (HM)...ask who gets money (for completing chores)." -"I would give the money to the house manager for clients for completing chores (at facility)." -"If clients were at the home (while he was at the facility) I will talk with them." -Brought toys to the facility for clients, "trying to make the kiddos feel like it (facility) is a home." - "[Former QP #1] and [Former Staff #1] didn't want to pick [FC #4] up, so I went and signed her out picked her up from the hospital (brought back to the facility)." -"Staff would call (Business Manager/Consultant) for crisis interventions, I was in the loop for that stuff." -"Staff would call me (for client crisis) and I would direct them to call mobile crisis."</p>	<p>V 107</p>		
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<p>V 107</p>	<p>Continued From page 14</p> <p>-Staff were keeping him in the loop with what was going on at the facility because "staff look at the Business Manager like I am on the same level as [Executive Director/Program Director/Owner], don't want to tell staff not to call me...would get the info (information) and relay it to [Executive Director/Program Director/Owner]."</p> <p>Interviews on 3/30/26 and 4/9/26 with the Executive Director/Program Director/Owner revealed:</p> <p>-A file was not maintained for the Business Manager/Consultant because "[Business Manager/Consultant] is not really a staff member, not there (at facility) all the time, when I need him at the facility, he can be there."</p> <p>-"If I can't be at the facility, he might pop in."</p> <p>-The Business Manager/Consultant "would pop in (at facility) sporadically when they needed something."</p> <p>-"One incident I am aware of is [Business Manager/Consultant] picking a kid (FC #4) up from the hospital (brought back to the facility)."</p> <p>-The Business Manager/Consultant talked about a system for completing chores for a reward with facility staff, "but not sure if it happened, not aware that it was [Business Manager/Consultant] giving rewards for chores...bringing toys and gifts to clients."</p> <p>-"I don't think he (Business Manager/Consultant) has a personnel file, no he doesn't."</p> <p>-"We can do that (ensure a file was maintained for the Business Manager/Consultant)."</p>	<p>V 107</p>		
<p>V 108</p>	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p>	<p>V 108</p>	<p>V 108</p> <p>Requirements</p> <p>Director/QP and House Manager will ensure all employee files are located and checklists are complete prior to employee reporting to work.</p> <p>Director/QP will complete the employee checklist of documentation needed. Program Director/QP will inform the House Manager of employee providing all needed documents to be eligible to be placed to work.</p> <p>Director/QP will monitor employee records every 60 days for compliance.</p> <p>Director/QP will ensure employee records include the following:</p> <ul style="list-style-type: none"> • Date of hire • Criminal background check • North Carolina Health Care Personnel Registry findings, if any • Signed job description that includes minimum age, literacy, minimum education, work experience, and all other qualifications required for position and all job duties plainly listed - signed and dated by staff and QP or direct supervisor. 	

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- This will be maintained in the employee record for duration of employment
- Drivers license
- Education verification
- All training - records of completion upon hire and updated annually or as required by state regs (or federal depending on the strictest time frame)
 - To include: CPR/First Aid (including seizure management), ADA (de escalation, conflict resolution, etc), Person Centered Thinking, Documentation, Incident Reporting, Abuse/Neglect/Exploitation, Client/Disability Rights, Policies and Procedures of Company, Med Tech, and Bloodborne Pathogens/Infectious Disease, etc.
- On the Job Training, or OJT, consists of one full week of work overseen by a house manager to ensure that job duties are understood and completed at a level that shows proficiency.
 - Client specific competency training on each client in the facility will occur during OJT. These will be updated as needed and staff will be trained on updates, as well. Documentation of training will be placed in the client chart.
 - Once completed, staff can then be placed on schedule regularly and without restriction.
- All training listed above should be completed before client interaction occurs - this can be referenced as a new-hire orientation conducted by QP or Program Director. OJT can be conducted on the first week on shift but the staff can not work alone prior to documented completion of OJT
- Any coaching/disciplinary action
- Quarterly employee review with house manager, QP, program director

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V 108	<p>Continued From page 15</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 7 of 7 audited paraprofessional staff (Staff #1-6, and Business Manager/Consultant) and 1 of 2 audited Qualified</p>	V 108	
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V 108	<p>Continued From page 16</p> <p>Professional (QP) staff (QP #2) recieved training to meet the mental health/developmental disabilities/substance abuse) MH/DD/SA needs of the clients and failed to ensure the minimum required training was met by 1 of 7 audited paraprofessional staff (Business Manager/Consultant). The findings are:</p> <p>Review on 3/20/26 of Former Staff #1's record revealed: -Date of Hire: 9/19/25. -No documentation of training on the needs of the clients including, but not limited to, treatment plans and strategies, behaviors of sexual acting out, substance use, flight threat, verbal and physical aggression, property destruction, dishonesty, theft, self-injurious behaviors and suicidal ideation.</p> <p>Review on 3/20/26 of Staff #2's record revealed: -Date of Hire: 11/13/25. -No documentation of training on the needs of the clients including, but not limited to, treatment plans and strategies, behaviors of sexual acting out, substance use, flight threat, verbal and physical aggression, property destruction, dishonesty, theft, self-injurious behaviors and suicidal ideation.</p> <p>Review on 3/20/26 of Staff #3's record revealed: -Date of Hire: 11/18/25. -No documentation of training on the needs of the clients including, but not limited to, treatment plans and strategies, behaviors of sexual acting out, substance use, flight threat, verbal and physical aggression, property destruction, dishonesty, theft, self-injurious behaviors and suicidal ideation.</p> <p>Review on 3/20/26 of Staff #4's record revealed:</p>	V 108	
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V 108	<p>Continued From page 17</p> <p>-Date of Hire: 2/10/26. -No documentation of training on the needs of the clients including, but not limited to, treatment plans and strategies, behaviors of sexual acting out, substance use, flight threat, verbal and physical aggression, property destruction, dishonesty, theft, self-injurious behaviors and suicidal ideation.</p> <p>Review on 3/20/26 of Staff #5's record revealed: -Date of Hire: 12/30/25. -No documentation of training on the needs of the clients including, but not limited to, treatment plans and strategies, behaviors of sexual acting out, substance use, flight threat, verbal and physical aggression, property destruction, dishonesty, theft, self-injurious behaviors and suicidal ideation.</p> <p>Review on 3/20/26 of Staff #6's record revealed: -Date of Hire: 12/3/25. -No documentation of training on the needs of the clients including, but not limited to, treatment plans and strategies, behaviors of sexual acting out, substance use, flight threat, verbal and physical aggression, property destruction, dishonesty, theft, self-injurious behaviors and suicidal ideation.</p> <p>Review on 3/20/26 of QP #2's record revealed: -Date of Hire: 2/26/26. -No documentation of training on the needs of the clients including, but not limited to, treatment plans and strategies, behaviors of sexual acting out, substance use, flight threat, verbal and physical aggression, property destruction, dishonesty, theft, self-injurious behaviors and suicidal ideation.</p> <p>An attempted review on 3/20/26 of the Business</p>	V 108		
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<p>V 108</p>	<p>Continued From page 18</p> <p>Manager/Consultant's personnel record revealed: -No personnel record. -No documentation of continuing education. -No documentation of employee training programs to include: orientation, client rights and confidentiality, training to meet the mh/dd/sa needs of the client, infectious diseases and bloodborne pathogens, basic first aid, CPR, and Heimlich maneuver or other first aid techniques. - No documentation of training on the needs of the clients including, but not limited to, treatment plans and strategies, behaviors of sexual acting out, substance use, flight threat, verbal and physical aggression, property destruction, dishonesty, theft, self-injurious behaviors and suicidal ideation.</p> <p>Interview on 4/6/26 with Former Staff #1 revealed: -"When staff came in (to facility) I would tell them about each child (MH/DD/SA needs of the clients)." -The MH/DD/SA needs of the clients were "passed down verbally (from her to staff)" and "staff were expected to read client books (records) for each client."</p> <p>Interview on 4/6/26 with Staff #2 revealed: -There was "no formal training" for staff on the MH/DD/SA needs of the clients being served at the facility. -Training on the MH/DD/SA needs of the clients was "just word of mouth (staff talking to each other) and reviewing client info (information) (record)." -"I recommend every staff read over client books (records) before interacting with clients, I would ask if the staff reviewed the clients info."</p> <p>Attempted interviews on 3/24/26, 3/26/26,</p>	<p>V 108</p>		
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V 108	<p>Continued From page 19</p> <p>3/23/26, and 4/6/26 with Staff #3 were unsuccessful as he did not respond to text messages and there was no option to leave a voice message.</p> <p>Interview on 4/1/26 with Staff #4 revealed: - "I would review their client books (records) before working with the clients." -There was "no training on client needs (MH/DD/SA needs of the clients) for staff."</p> <p>Interview on 4/6/26 with Staff #5 revealed: -He was "directed by them (Staff #1 and Former QP #1) to read client books (records)." -"Wouldn't call it a formal training (direct by Former Staff #1 and Former QP #1 to review client records)." -Review of the MH/DD/SA needs of the clients was "just a quick convo (conversation with [Former QP #1] and [Former Staff #1])."</p> <p>Interview on 4/6/26 with Staff #6 revealed: -There was no training for staff on the MH/DD/SA needs of the clients being served at the facility. - "Before working with the clients, I reviewed their client books (records), did not previously have strategies and deescalation listed out (for staff to implement)." -"I reviewed the client books (records) on my own...but they (Former QP #1 and Former Staff #1) weren't telling us to review...wasn't mandatory (review of client records)." -"...had to figure that (MH/DD/SA needs of the clients) out on my own."</p> <p>Interviews on 4/6/26 and 4/8/26 with Former QP #1 revealed: -Completed in-service trainings with staff. -"Each staff was in-serviced (trained on the MH/DD/SA needs of the clients) about what the</p>	V 108		
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<p>V 108</p> <p>Continued From page 20</p> <p>client's needs were." -"In-service (training on the MH/DD/SA needs of the clients with staff) binder was at the facility." - "They (facility staff) should of given you the in-service (training on the MH/DD/SA needs of the clients with staff) binder, not sure why they didn't." Interview on 4/1/26 with QP #2 revealed: -For the "client's presenting problems and needs there was nothing, no training on client needs (MH/DD/SA needs of the clients)." -Moving forward "staff will have a sign-in sheet (that they have reviewed the MH/DD/SA needs of each client being served at facility) that they are expected to sign before working with clients." - "We (facility) learn from our mistakes." Interview on 3/30/26 with the Business Manager/Consultant revealed: -He "would come in (to facility) and talk to the House Manager (HM)...ask who gets money (for completing chores)." -"I would give the money to the house manager for clients for completing chores (at facility)." -"If clients were at the home (while he was at the facility) I will talk with them." -Brought toys to the facility for clients, "trying to make the kiddos feel like it (facility) is a home." - "[Former QP #1] and [Former Staff #1] didn't want to pick [FC #4] up, so I went and signed her out picked her up from the hospital (brought back to the facility)." -"Staff would call (Business Manager/Consultant) for crisis interventions..." -"Staff would call me (for client crisis) and I would direct them to call mobile crisis." -"Staff look at the Business Manager like I am on the same level as [Executive Director/Program Director/Owner], don't want to tell staff not to call</p>	<p>V 108</p>	
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-110</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____</p>	<p>(X3) DATE SURVEY COMPLETED C 04/09/2026</p>	
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<p>(X4) ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>ID PREFIX TAG</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X5) COMPLETE DATE</p>

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<p>V 108</p> <p>V 111</p>	<p>Continued From page 21</p> <p>me...would get the info (info) and relay it to [Executive Director/Program Director/Owner]."</p> <p>Interview on 4/9/26 with the Executive Director/Program Director/Owner revealed: -"We (facility) have all kinds of training for clients, lots in person, I did a training on documentation (with staff)." -"I didn't know staff weren't getting the training on client needs (MH/DD/SA needs)." -The Business Manager/Consultant had not received training to meet the MH/DD/SA needs of the clients nor have the minimum required training met because "[Business Manager/Consultant] is not really a staff member, not there (at facility) all the time, when I need him at the facility he can be there." -"I could have been a little more involved (with facility), provided more insight to the facility." - "This venture (owner of facility) was a little more hands on and involved (oversight of staff and facility operations) than I thought it would be, wanted it (facility) to run autonomously."</p> <p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a 	<p>V 108</p> <p>V 111</p>	<p>V 111</p> <p>1. Immediate Protection Measures (Implemented Immediately)</p> <p>All clients' treatment plans were immediately reviewed to ensure:</p> <p>Identified behaviors are clearly documented by Qualified Professional, Goals are individualized and measurable Intervention strategies are appropriate and specific</p> <p>Any treatment plan found to be incomplete or non-compliant will be updated within 24 hours.</p> <p>A Qualified Professional (QP) conducted face-to-face or record-based reviews to confirm:</p> <p>Services align with assessed needs</p> <p>Behavior supports are in place to reduce risk</p> <p>Staff were given immediate direction to follow updated interventions to ensure client safety and continuity of care.</p> <p>2. Comprehensive Treatment Plan Audit</p> <p>A 100% audit of all active client records was completed to verify by House Manage:</p> <p>Behavioral needs are clearly identified (frequency, intensity, triggers)</p> <p>Goals are specific, measurable, achievable, relevant, and time-bound (SMART) Strategies/interventions are clearly linked to each behavior and goal</p> <p>Deficiencies were corrected in real time and documented.</p> <p>Describe your plans to make sure the above happens.</p>	
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		<p>3. Staff Re-Training</p> <p>All clinical and direct care staff will receive mandatory re-training from licensed clinician within 30 days.</p> <p>Person-centered planning principles</p> <p>Development of measurable goals and objectives</p> <p>Identifying and documenting behaviors (including antecedents and triggers)</p> <p>Implementing appropriate intervention strategies</p> <p>Documentation standards and consistency between treatment plans and progress notes</p> <p>5. Supervision & Oversight Enhancements</p> <p>The Qualified Professional (QP) will:</p> <p>Review and approve all treatment plans prior to implementation</p>
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V 111	<p>Continued From page 23</p> <p>-Face sheet: "Behavior concerns: self-injurious behaviors, flight threat, aggression towards others, other (no additional information for other)."</p> <p>-No documentation of an assessment or strategies completed by the facility prior to receiving services at the facility.</p> <p>Review on 3/20/26 of FC #2's record revealed:</p> <p>-Age: 15 years -Date of Admission: 2/17/26. -Date of Discharge: 3/13/26. -Diagnoses: PTSD, and Disruptive Mood Dysregulation Disorder (DMDD). -Residential Placement Referral Form dated 1/30/26 completed by guardian: previous Involuntary Commitment, difficulties at school, sexually inappropriate behavior, impulsivity, lying, oppositional, suicidal thoughts, homicidal thoughts, at least 3 attempts to run away from home and placement in the past year, sexual acting out, history of physical aggression and verbal aggression. -Face sheet: "Behavior Concerns: self-injurious behaviors, flight threat, aggression towards others, sexual behaviors, other: impulsivity, oppositional, lying, difficulties in school, suicidal and homicidal characteristics, physical and verbal aggression." -No documentation of an assessment or strategies completed by the facility prior to receiving services at the facility.</p> <p>Review on 3/20/26 of FC #3's record revealed:</p> <p>-Age: 14 years. -Date of Admission: 1/12/26. -Date of Discharge: 2/13/26. -Diagnoses: Unspecified Trauma and Stressor Related Disorder, Conduct Disorder, Unspecified Anxiety Disorder, and ODD.</p>	V 111		

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V 111	<p>Continued From page 24</p> <p>-Face sheet: "Behavior concerns as: self-injurious behaviors, and other (no additional information for other)."</p> <p>-No documentation of an assessment or strategies completed by the facility prior to receiving services at the facility.</p> <p>Review on 3/20/26 of FC #4's record revealed: -Age: 13 years. -Date of Admission: 12/12/25. -Date of Discharge: 3/18/26. -Diagnoses: Conduct Disorder, ODD, and ADHD. -</p> <p>Face sheet: "Behavior Concerns: self-injurious behaviors, flight threat, and aggression towards others."</p> <p>-No documentation of an assessment or strategies completed by the facility prior to receiving services at the facility.</p> <p>Review on 3/20/26 of FC #5's record revealed: -Age: 14 years. -Date of Admission: 2/7/26. -Date of Discharge: 3/18/26. -Diagnoses: DMDD, PTSD, Conduct Disorder, Reactive Attachment Disorder, ODD, ADHD, and Autism Spectrum Disorder. -Face sheet: "Behavior Concerns: self-injurious behaviors, aggression towards people and animals, other: verbal and physical aggression, property destruction, dishonesty, and theft." -No documentation of an assessment or strategies completed by the facility prior to receiving services at the facility.</p> <p>Review on 3/20/26 of FC #6's record revealed: -Age: 15 years. -Date of Admission: 3/6/26. -Date of Discharge: 3/18/26. -Diagnoses: PTSD, and ODD. -Face sheet "Behavior concerns: self-injurious</p>	V 111		

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V 111	<p>Continued From page 25</p> <p>behaviors, flight threat, aggression towards people and animals, other: verbal and physical aggression and dishonesty." -No documentation of an assessment or strategies completed by the facility prior to receiving services at the facility.</p> <p>Review on 3/20/26 of FC #7's record revealed: -Age: 17 years. -Date of Admission: 2/7/26. -Date of Discharge: 3/3/26. -Diagnoses: PTSD, Unspecified Schizophrenia Spectrum and Other Psychotic Disorder, and Unspecified Depressive Disorder. -Face sheet "Behavior concerns: self-injurious behaviors and aggression towards others." - No documentation of an assessment or strategies completed by the facility prior to receiving services at the facility.</p> <p>Review on 3/20/26 of FC #8's record revealed: -Age: 17 years. -Date of Admission: 3/8/26. -Date of Discharge: 3/18/26. -Diagnoses: ODD and PTSD. -Face sheet: "Behavior Concerns: flight threat, aggression towards people and animals, other: verbal and physical aggression, and dishonesty." -No documentation of an assessment or strategies completed by the facility prior to receiving services at the facility.</p> <p>Interview on 4/6/26 with Former Staff #1 revealed: -The client's admission assessment consisted of The Beck Hopelessness Scale (BHS), The Adverse Childhood Experiences (ACEs), The Rosenberg Self-Esteem Scale (RSES), and The Massachusetts Youth Screening instrument (MAYSI-2) in one packet to be reviewed with the</p>	V 111		

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V 111	<p>Continued From page 26</p> <p>client upon admission.</p> <p>-All 4 (BHS, ACEs, RSES, and MAYSI-2) done with every child (client) admitted (to facility)." - "...most of the time it was [QP#1]" completing the BHS, ACEs, RSES, and MAYSI-2 with the client upon admission.</p> <p>-Not sure why they (BHS, ACEs, RSES, and MAYSI-2) weren't in their (clients) binders (client records at facility)."</p> <p>-The admission assessments were "more of intake (client demographic information) and getting clients into the home (facility)." -The facility was in "no way, shape or form prepared for the clients (high acuity) we were getting (admitted to facility)."</p> <p>Interview on 4/6/26 with Staff #2 revealed:</p> <p>-When we (facility) get a new client either I do them (BSH, ACEs, RSES, and MAYSI-2) or the Direct Support Professional (DSP) on the floor (on shift) do it."</p> <p>-Was never told to do an assessment (to address the specific needs and goals of each individual client) for new clients."</p> <p>-Clients should of had the forms (BSH, ACEs, RSES, and MAYSI-2 completed), not sure why it is not there (in client record)."</p> <p>-"[Staff #4] will be doing assessments now."</p> <p>Interview on 4/6/26 with Staff #5 revealed:</p> <p>-Completed the BSH, ACEs, RSES, and MAYSI-2 with client upon admission, he would "just go over the packet with the client, wasn't really told how to do it or approach it."</p> <p>-"Was told that it (BSH, ACEs, RSES, and MAYSI-2) gives us an idea about how the client feels, wasn't gone over in detail with me."</p> <p>-There was "no real assessment of behaviors (to address the specific needs and goals of each individual client)."</p>	V 111		

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V 111	<p>Continued From page 27</p> <p>Interviews on 3/24/26, 4/6/26 and 4/8/26 with Former QP #1 revealed: -There was not an admission assessment to address the specific needs and goals of each individual client, "no didn't have anything like that, I was in the process of creating it but didn't get it done." -Completing the BSH, ACEs, RSES, and MAYSI-2 with the clients upon intake was "one of those things as a QP self-explanatory (how to complete) each one." -Was "not sure why" the BSH, ACEs, RSES, and MAYSI-2 was not in the client information books (client records) at the facility.</p> <p>Interview on 3/30/26 with the Business Manager/Consultant revealed: -"We don't do admission assessments here (at facility), we get the intake info (information) back from the (legal) guardian after it is sent to them."</p> <p>Interviews on 3/30/26 and 4/9/26 with the Executive Director/Program Director/Owner revealed: -"Assessments go to Department of Social Services worker, and they fill those out." -"There was an assessment on the 4 (BSH, ACEs, RSES, and MAYSI-2) supposed to be done (with all clients) but obviously not (was not completed with clients)." - "Went over it (BSH, ACEs, RSES, and MAYSI-2) with [Former QP #1] and [Former Staff #1], they were supposed to train staff to do it (BSH, ACEs, RSES, and MAYSI-2 with client upon admission)." -Was not sure why there were no assessments with the client information provided. -"...a lot of stuff [Former Staff #1] and [Former QP #1] took (documentation from the facility after</p>	V 111		

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V 111	Continued From page 28 alleged termination around 2/17/26)...don't know what they took (potentially the completed BSH, ACEs, RESE, and MAYSI-2 for each client)."	V 111		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	V 112 1. Immediate Protection Measures (Implemented Immediately) All clients' treatment plans were immediately reviewed to ensure: Identified behaviors are clearly documented by Qualified Professional, Goals are individualized and measurable Intervention strategies are appropriate and specific Any treatment plan found to be incomplete or non-compliant will be updated within 24 hours. A Qualified Professional (QP) conducted face-to-face or record-based reviews to confirm: Services align with assessed needs Behavior supports are in place to reduce risk Staff were given immediate direction to follow updated interventions to ensure client safety and continuity of care. 2. Comprehensive Treatment Plan Audit A 100% audit of all active client records was completed to verify by House Manage: Behavioral needs are clearly identified (frequency, intensity, triggers) Goals are specific, measurable, achievable, relevant, and time-bound (SMART) Strategies/interventions are clearly linked to each behavior and goal Deficiencies were corrected in real time and documented. Describe your plans to make sure the above happens. 3. Staff Re-Training All clinical and direct care staff will receive mandatory re-training from licensed clinician within 30 days. Person-centered planning principles	

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		<p>Development of measurable goals and objectives</p> <p>Identifying and documenting behaviors (including antecedents and triggers)</p> <p>Implementing appropriate intervention strategies</p> <p>Documentation standards and consistency between treatment plans and progress notes</p> <p>5. Supervision & Oversight Enhancements</p> <p>The Qualified Professional (QP) will:</p> <p>Review and approve all treatment plans prior to implementation</p> <p>Review and update all treatment plans every 30 days. This should be done with the guardian and treatment team having opportunities to review the plan and offer concerns or suggestions.</p>
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V 112	<p>Continued From page 29</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement treatment goals and strategies to address the needs of 4 of 4 audited former clients (FC) (FC #1, #3, #4, #5) who were admitted to the facility longer than 30 days. Of the 4 of 4 audited FCs affected, 2 of 4 did not have treatment plans (FC #3 and #5), 1 of 4 (FC #1) had treatment goals and strategies which were not implemented, and 2 of 4 (FC #1 and FC #4) did not have treatment goals and strategies to address needs. The findings are:</p> <p>Review on 3/20/26 of FC #1's record revealed:</p> <ul style="list-style-type: none"> -Age: 12 years. -Date of Admission: 11/7/25. -Date of Discharge: 3/6/26. -Days admitted to facility: 119 days. -Diagnoses: Post Traumatic Stress Disorder (PTSD), Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactivity Disorder (ADHD), and Autism Spectrum Disorder. -Face sheet: "Behavior concerns as: self-injurious behaviors, flight threat, aggression towards others, and other (no additional information for other)." -Person-Centered Plan (PCP) (treatment plan) 11/7/25 completed by the Qualified Professional (QP) #1: <ul style="list-style-type: none"> -Goal #2: "With assistance from staff, [FC #1] will improve his ability to express anger in a healthy manner 5 out of 7 days within the next 90 days." -Interventions - Provider: "Staff will assist [FC #1] with making connections between underlying painful emotions that may be causing his anger outbursts. Staff will teach [FC #1] coping skills to manage his ODD. Staff will provide 24-hour crisis intervention, case 	V 112		
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V 112	<p>Continued From page 30</p> <p>management to facilitate treatment compliance, help him identify progress, as well as provide individual and group therapy."</p> <p>-Interventions - Individual and/or Natural Support Actions: "[FC #1] will decrease the times he has negative encounters with others. [FC #1] will reduce the intensity and frequency of verbal and physical aggression. [FC #1] will not have any incidents of physical aggression 0 times per week. [FC #1] will talk with staff or QP when he gets angry to curb his physically aggressive outbursts. [FC #1] will increase the times he demonstrates skills to walk away from and/or avoid conflict. Client will take medications as prescribed."</p> <p>-Crisis Prevention and intervention Plan dated 11/25/25 completed by the QP #1: "If he starts exhibiting signs (of crisis) or staff sees it happening (signs of crisis) they should move him to a quiet room, use his coping skills (breathing deeply and meditation) and use a soft tone when confronting him about the issue...The ways people can help is to give him space, unless he is exhibiting self-injurious behaviors, talk with a slow, clear, and soft tone to address the issue & discuss different coping skills. Call the individual's mother and allow her to talk with him one-on-one and he usually straightens up and cooperates." - No documentation that individual and/or group therapy was provided.</p> <p>-No goals or treatment strategies to address presenting problems of self-injurious behaviors, elopement, and aggression towards others. - The PCP and Crisis Prevention and Intervention Plan was not signed by the Department of Social Services Child Protective Services (DSS/CPS) legal guardian.</p> <p>-Between 1/23/26 - 3/16/26 the facility had one call to law enforcement for assistance with clients' behaviors which included aggression toward</p>	V 112		
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V 112	<p>Continued From page 31</p> <p>other clients and self-injurious behavior resulting in an involuntary commitment to the hospital.</p> <p>Review on 3/20/26 of FC #3's record revealed: -Age: 14 years. -Date of Admission: 1/12/26. -Date of Discharge: 2/13/26. -Days admitted to facility: 32 days. -Diagnoses: Unspecified Trauma and Stressor Related Disorder, Conduct Disorder, Unspecified Anxiety Disorder, and ODD. -Face sheet: "Behavior concerns as: self-injurious behaviors, and other (no additional information for other)." -No documentation of a treatment plan with goals and strategies to address presenting problems of self-injurious behaviors.</p> <p>Review on 3/20/26 of FC #4's record revealed: -Age: 13 years. -Date of Admission: 12/12/25. -Date of Discharge: 3/18/26. -Days admitted to facility: 96 days. -Diagnoses: Conduct Disorder, ODD, and ADHD. - Face sheet: "Behavior concerns as: self-injurious behaviors, flight threat, and aggression towards others." -Comprehensive Clinical Assessment (CCA) Addendum dated 10/26/25: -"[FC #4]...presents with escalating behavioral dysregulation characterized by poor response to adult directives and rapid escalation under stress. Episodes include physical aggression such as head banging & object throwing, and weaponization of environment items with documented incidents of attempting to strike staff with bed rails, breaking off a blind handle for use as a weapon, and concealing objects in a vent for potential later aggression. Verbal aggression includes persistent</p>	V 112		
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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)
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V 112	<p>Continued From page 32</p> <p>arguing, profanity, yelling, and screaming when expectations are set or limits are enforced. She engages in goal-directed behaviors that contribute to peer conflict. Additionally, she has a history of elopement and will hide to avoid adherence to rules or consequences. Overall presentation indicates impaired impulse control, low frustration tolerance and elevated safety risk warranting increased structure, close supervision, and targeted interventions for emotion regulation and safety. Clinical interpretation: Psychiatric Residential Treatment Facility (PRFT) placement is medically necessary to provide intensive therapeutic interventions, medication management, and a highly structured milieu designed to address her severe behavioral dysregulation and psychiatric needs. Placement at this level of care is essential to reduce the risk of harm to herself and others, stabilize her behaviors, and promote the development of coping skills, emotional regulation, and pro-social functioning...[FC #4] is medically stable but may need significant intervention to comply with medical treatment. AND The [FC #4] identified need cannot be met with Residential Treatment Level III service. AND The [FC #4] is experiencing any one of the following (may be related to the presence of severe affective, cognitive or behavioral problems or intellectual/developmental delays/disabilities)." - Person-Centered Plan dated 12/16/25 completed by the QP #1:</p> <p>-Goal #1: "[FC #4] will comply with the routine and expectations of the program by completing chores, formulating and complying with daily hygiene routine over the next 90 days as evidence by staff reporting and self-reports."</p> <p>-Interventions - Provider: "Staff will provide daily opportunities for client to participate in therapeutic activities that help explore</p>	V 112		
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<p>V 112</p>	<p>Continued From page 33</p> <p>emotions and how to regulate them. Staff will assist client with identifying and implementing coping strategies to assist with various emotions. Staff will assist with implementation of coping strategies when client is dealing with emotional dysregulation that client is unable to cope with on their own. Staff will facilitate group activities to explore triggers and stressors which could lead to emotional dysregulation so that can be better in the future."</p> <p>-Interventions - Individual and/or Natural Support Actions: "Client will identify her feelings and learn how to express them in appropriate respectful ways. Client will explore triggers and stressors that lead to negative emotions and how to best handle these emotions when they arise. Client will explore the connection between her thoughts and actions to understand how the implementation of coping strategies during early signs of crisis can prevent harm and/or hospitalization. Client will learn different techniques for coping with different emotions."</p> <p>-Goal #2: "[FC #4] will identify at least 3 healthy and effective coping strategies to manage anger and frustration and demonstrate use of these strategies in 3 out of 4 opportunities by self-report and staff observations. Client will utilize coping skills that assist with managing her anger and frustration."</p> <p>-Interventions - Provider: "Staff will provide daily opportunities for client to participate in therapeutic activities that help explore emotions and how to regulate them. Staff will help identify and implement effective coping strategies to assist with coping with various emotions. Staff will ensure that supervision and structure is provided to facilitate the development of skills that can assist with coping with emotions. Staff will validate client's feelings and assist with implementation of coping strategies when client is</p>	<p>V 112</p>		
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-110</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED C 04/09/2026</p>
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V 112	<p>Continued From page 34</p> <p>dealing with emotional dysregulation that client is unable to cope with on their own." -Interventions - Individual and/or Natural Support Actions: "[Client #4] will identify her feelings and learn how to express them in appropriate respectful ways. Client will explore triggers and stressors that lead to negative emotions and how to best handle these emotions when they arise. Client will explore the connection between her thoughts and actions to understand how the implementation of coping strategies during early signs of crisis can prevent harm and/or hospitalization. Client will learn different techniques for coping with different emotions." -No documentation of group activities that addressed triggers and stressors. -No goals or treatment strategies to address presenting problems of self-injurious behaviors, elopement, and aggression towards others. - The PCP was not signed by the DSS/CPS legal guardian. -Between 1/23/26 - 3/16/26 the facility had 3 calls to law enforcement for assistance with clients' behaviors which included, 2 incidents of absent without leave (AWOL), 6 incidents of aggression towards others, 1 incident of self-injurious behavior, and 2 incidents of involuntary commitment to the hospital.</p> <p>Review on 3/20/26 of FC #5's record revealed: -Age: 14 years. -Date of Admission: 2/7/26. -Date of Discharge: 3/18/26. -Days admitted to facility: 39 days. -Diagnoses: Disruptive Mood Dysregulation Disorder, PTSD, Conduct Disorder, Reactive Attachment Disorder, ODD, ADHD, and Autism Spectrum Disorder. -Face sheet: "Behavior concerns as: self-injurious behaviors, aggression towards people and</p>	V 112		
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V 112	<p>Continued From page 35</p> <p>animals, other: verbal and physical aggression, property destruction, dishonesty, and theft." - CCA dated 9/13/25:</p> <p>-"Client has made progress; however it should be noted she has been displaying aggressive behaviors AEB (as evidenced by) banging her head off wall, and yelling at others. She has been placed in therapeutic restraints to ensure her continuity of care...[Former Client #5] exhibits significant challenges with behavioral regulation, particularly during periods of emotional dysregulation. Her history includes episodes of verbal and physical aggression, property destruction, dishonesty, theft, and aggression directed toward both people and animals. These behaviors are often reactive and appear to escalate when she is emotionally overwhelmed. [FC #5] demonstrates inconsistent mood regulation, characterized by cycles of relative emotional stability lasting one to three weeks, followed by brief periods of heightened dysregulation. During these episodes, her ability to cope with everyday stressors diminishes, and previously manageable situations may become triggering. Her emotional triggers are variable and not always predictable, further complicating her ability to maintain consistent behavioral control." -CCA Addendum dated 1/14/26:</p> <p>-"Client has exhibited aggressive behaviors toward peers, including antagonizing and engaging in verbal conflicts. Over the past two months, the client has required therapeutic holds on at least two occasions due to escalation and risk of harm to self or others. Additionally, clients have demonstrated head-banging behaviors and episodes of verbal aggression toward authority figures...Primary Risks: Physical aggression toward peers (recent fights and antagonizing behaviors). Self-injurious behavior (head banging during heightened emotional states). Verbal</p>	V 112	
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<p>V 112</p>	<p>Continued From page 36</p> <p>aggression toward authority figures, which may escalate to physical aggression if unaddressed." -No documentation of a treatment plan. -No documentation of treatment strategies to address presenting problems of self-injurious behaviors, verbal and physical aggression, property destruction, dishonesty, and theft.</p> <p>-Between 2/7/26 - 3/16/26 the facility had a call to law enforcement for assistance with clients' behaviors and 7 incidents of aggression towards others, 1 instance of theft and 2 incidents of self-injurious behaviors.</p> <p>Attempted interviews on 3/20/26, 3/24/26, and 3/31/26 with FC #1 and FC #1's DSS/CPS legal guardian were unsuccessful as FC #1's DSS legal guardian did not answer the phone calls or respond to voice messages.</p> <p>Interview on 3/24/26 with FC #3's DSS/CPS legal guardian revealed: -"Didn't discuss treatment planning, goals or strategies with anyone (facility staff), just completed the universal application (Enrollment Application/Needs Assessment)."</p> <p>Interview on 3/23/26 with FC #5's legal guardian/parent revealed: -The Business Manager/Consultant was "...dismissive about safety concerns involving [FC #5]...no talks (with facility staff) about a treatment plan."</p> <p>Interview on 4/6/26 with Former Staff #1 revealed: -FC #1, FC #3, FC #4 and FC #5 did not have treatment goals and strategies to address their needs because "follow all rules of the house (facility) is one of their (clients') goals in the home (facility) so that would cover (address clients'</p>	<p>V 112</p>		
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-110</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____</p>	<p>(X3) DATE SURVEY COMPLETED C 04/09/2026</p>	
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V 112	<p>Continued From page 37</p> <p>needs) the clients' behaviors (verbal and physical aggression towards others, self-injurious behaviors, and flight risk)."</p> <p>"...If clients fighting on the ground, can't put hands on, nothing we could do (other than call 911)."</p> <p>-If a client went AWOL, exhibited self-harm, suicidal ideation, or physical aggression, the strategies to address their needs were "rules posted on the walls (in facility) for staff to call 911."</p> <p>Interview on 4/6/26 with Staff #2 revealed: - Reviewed FC #1, FC #3, FC #4 and FC #5's treatment goals and strategies to address their needs by "...reviewing client books (records) and telling staff the client goals and needs."</p> <p>"...Usually during intake, their (clients') Social Worker (DSS/CPS legal guardians) puts down what they expect for treatment (behaviors to address)."</p> <p>"...Didn't know clients needed to have strategies and goals (to address their needs) documented for staff."</p> <p>"Can't say 100% or not if strategies or goals (to address their needs) documented for FC #1, FC #4, FC #3 or FC #5 would of helped with the behaviors (strategies for behaviors of AWOL, self-harm, suicidal ideation, or physical aggression)."</p> <p>Attempted interviews on 3/24/26, 3/26/26, 3/23/26, and 4/6/26 with Staff #3 were unsuccessful as he did not respond to text messages and there was no option to leave a voice message.</p> <p>Interviews on 3/20/26 and 4/1/26 with Staff #4 revealed: -"I would review their client books (for treatment</p>	V 112	
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<p>V 112</p>	<p>Continued From page 38</p> <p>goals and strategies to address their needs) before working with the clients." -"Treatment plans weren't specific to client (FC #1 and FC #4) behaviors and if the client (FC #3 and FC #5) didn't have a treatment plan then we (staff) would just use follow all house rules as client goal (to address their needs), all clients had that goal." -She was "working on updating client plans (treatment goals) and strategies (to address client needs) for staff use for client behavior."</p> <p>Interview on 4/6/26 with Staff #5 revealed: -"Don't believe there was any type of plan (treatment goals and strategies to address client needs)." -The strategies he used to address FC #1, FC #3, FC #4 and FC #5's needs were "me and [Staff #6] did a lot of re-directing with clients, really helped us with behaviors." -Staff "weren't given any type of plan (treatment goals and strategies to address clients' needs) for clients, was just me and [Staff #6] working together to work with the clients and help de-escalate them (clients) and re-direct them." -He "didn't receive or review strategies" related to AWOL, self-harm, suicidal ideation, or physical aggression. -If a client went AWOL, exhibited self-harm, suicidal ideation, or physical aggression he would "call the police."</p> <p>Interview on 4/6/26 with Staff #6 revealed: - "Nobody told me about goals and strategies (to address FC #1, FC #3, FC #4 and FC #5's needs), asked (Former Staff #1 and Former QP #1) on my own and reviewed the client books on my own." -If a client went AWOL, exhibited self-harm, suicidal ideation, or physical aggression she</p>	<p>V 112</p>		
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V 112	<p>Continued From page 39</p> <p>would "just call 911." -"...At first nobody instructed me to call crisis line or 911 (for client behaviors of AWOL, self-harm, suicidal ideation, or physical aggression), just happened to see it on the wall (in facility)." -She "wasn't told any strategies (to address clients' needs) for [FC #1], [FC #4], [FC #3] or [FC #5] (by Former QP #1 or Former Staff #1)...goals and strategies not specific for each client...just what I learned (strategies to address their needs) on my own by working with them (FC #1, FC #3, FC #4, and FC #5)."</p> <p>Interviews on 4/6/26 and 4/8/26 with the Former QP #1 revealed: -Was responsible for developing and implementing treatment goals and strategies to address the needs of the clients. -He didn't develop the PCP for FC #1 in conjunction with the DSS/CPS legal guardian because "[FC #1's] guardian (DSS/CPS) quit and turned into 2-3 other guardians (DSS/CPS)." -He didn't develop the PCP for FC #4 in conjunction with the DSS/CPS legal guardian because "[FC #4's] guardian (DSS/CPS) didn't want anything to do with me and was hard to get a hold of." -"Didn't update PCP (for FC #1 or FC #4) just signed the copy they came in with (at admission)." -He "sent copies of plans (Person-Centered Plans for FC #1 and FC #4) to guardians and never got signed copies back." -"...Never got their (legal guardians') signatures or reviewed (FC #1 and FC #4 PCPs) with guardians." -"Didn't have any treatment team meetings because [FC #1] and [FC #4] came with plans (PCP)." -"To be honest, addressed it (goals and strategies</p>	V 112		
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<p>V 112</p>	<p>Continued From page 40</p> <p>to address the needs of the clients) in in-service (client specific training) with staff rather than updating PCP."</p> <p>- "Not sure why there was no copy of his (FC #3's) plan (PCP)."</p> <p>- "I was gone (not working in facility) before 30 days (from admission date) to make a plan (PCP) for [FC #5] and [FC #3]"</p> <p>- "Follow all rules of the house covers (addressed clients' needs) goals for client behaviors (verbal and physical aggression towards others, self-injurious behaviors, and flight risk)."</p> <p>- "...Was told by [Business Manager/Consultant] and [Executive Director/Program Director/Owner] that if they (clients) came with a plan (treatment plan) didn't have to create a new PCP."</p> <p>Interview 4/1/26 with QP #2 revealed:</p> <p>- Was his 3rd week working at the facility. - Had not developed treatment goals and strategies to address FC #1, FC #3, FC #4 and FC #5's needs.</p> <p>- "...Aware that the folks (Former QP #1) before me have some gaps in what was needed to be done (did not develop and implement treatment goals and strategies to address the needs of FC #1, FC #3, FC #4, and FC #5)."</p> <p>- To develop and implement treatment goals and strategies to address clients' needs his "understanding we (facility) will have a therapist come up, [Business Manager/Consultant] will bring a therapist to the home."</p> <p>- He was "trying to revamp and get it better (process to develop and implement treatment goals and strategies to address clients' needs)."</p> <p>Interviews on 3/30/26 and 4/9/26 with the Executive Director/Program Director/Owner revealed:</p> <p>- Former QP #1 was responsible for developing</p>	<p>V 112</p>		
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<p>NAME OF PROVIDER OR SUPPLIER</p> <p>INTEGRATED TREATMENT SERVICES</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>2329 SPRINGS ROAD NE HICKORY, NC 28601</p>		
<p>(X4) ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>ID PREFIX TAG</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X5) COMPLETE DATE</p>

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V 112	<p>Continued From page 41</p> <p>and implementing treatment goals and strategies to address clients' needs.</p> <p>-Treatment goals and strategies to address FC #1, FC #3, FC #4 and FC #5's needs "should have been listed in (clients') PCP."</p> <p>-"I was setting up some support services (for clients) with a licensed therapist to come in (to develop treatment goals and strategies to address clients' needs) and that never happened."</p> <p>-"I probably wasn't coming as often (to facility) but we did talk about it (treatment goals and strategies to address clients' needs with Former QP #1)."</p> <p>-No goals or strategies to address FC #1, FC #3, FC #4 and FC #5's needs "falls back on me because I was supervising the QP (Former QP #1)."</p> <p>-"This venture (owning the facility) was a little more hands on and involved (oversight of client treatment plans) than I thought it would be, wanted it (facility) to run autonomously."</p> <p>Review on 4/6/26 of the Plan of Protection (POP) completed by the Executive Director/Program Director/Owner dated 4/2/26 revealed:</p> <p>-"What immediate action will the facility take to ensure the safety of the consumers in your care? 10A NCAC 27G .0205 Assessment Treatment/Habilitation or Service Plan/112/Type A1 Administrative Action. Owner (Executive Director/Program Director/Owner) will ensure that all employees transporting clients will have a valid drivers license. QP (#2) will develop a plan based on an assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. Describe your plans to make sure the above</p>	V 112		
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V 112	<p>Continued From page 42</p> <p>happens. QP (#2) will consult Guidelines and receive periodic refresher training on Implementing Core Rules which provide detailed instructions on writing effective service plans. QP (#2) will ensure that service plans have appropriate goals and interventions that are in line with the consumers diagnosis or demonstrated behaviors, and will be updated accordingly QP (#2) will implement new procedure for all new clients effective April 2, 2026."</p> <p>Review on 4/8/26 of the first addendum to the POP completed by the Executive Director/Program Director/Owner dated 4/2/26 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? 1. Immediate Protection Measures (implemented Immediately). All clients' treatment plans were immediately reviewed to ensure: Identified Behaviors are clearly documented by Qualified Professional, Goals are individualized and measurable. Intervention Strategies are appropriate and specific. Any treatment plan found to be incomplete or non-compliant will be updated within 24 hours. A Qualified Professional (QP) conducted face-to-face or record-based reviews to confirm: Services align with assessed needs. Behavior supports are in place to reduce risk. Staff were given immediate direction to follow updated interventions to ensure client safety and continuity of care. 2. Comprehensive Treatment Plan Audit. A 100% audit of all active client records was completed to verify by House Manage: Behavioral needs are clearly identified (frequency, intensity, triggers). Goals are specific, measurable, achievable, relevant, and time-bound (SMART). Strategies/interventions are clearly linked to each behavior and goal.</p>	V 112	
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<p>V 112</p>	<p>Continued From page 43</p> <p>Deficiencies were corrected in real time and documented.</p> <p>Describe your plans to make sure the above happens.</p> <p>3. Staff Re-Training. All clinical and direct care staff will receive mandatory re-training from licensed clinician within 30 days. Person-centered planning principles. Development of measurable goals and objectives. Identifying and documenting behaviors (including antecedents and triggers). Implementing appropriate intervention strategies. Documentation standards and consistency between treatment plans and progress notes. 5. Supervision & Oversight Enhancements. The Qualified Professional (QP) (#2) will: Review and approve all treatment plans prior to implementation. Conduct weekly documentation reviews to ensure alignment. House Manager will conduct random weekly audits of: Progress notes, Behavior tracking logs, Intervention implementation. Monthly clinical review meetings will be held to access: Progress toward goals, Effectiveness of interventions, needed revisions. 6. Corrective Action. Staff responsible for incomplete or non-compliant treatment plans have received Additional supervision and coaching, Disciplinary action if warranted (up to and including termination for repeated non-compliance). 7. Ongoing Prevention Plan. To ensure continued compliance: Treatment plan training will be incorporated into: New hire orientation, Annual competency validation. Quarterly Quality Assurance (QA) audits will include: Treatment plan accuracy, behavior documentation consistency. The facility will maintain a Treatment Plan Compliance Tracker to monitor: Due dates, Updates, QP (#2) approvals. 8. Responsible Parties. Administrator: Oversight and regulatory</p>	<p>V 112</p>		
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<p>NAME OF PROVIDER OR SUPPLIER INTEGRATED TREATMENT SERVICES</p>	<p>STREET ADDRESS, CITY, STATE, ZIP CODE 2329 SPRINGS ROAD NE HICKORY, NC 28601</p>
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V 112	<p>Continued From page 44</p> <p>compliance. Qualified Professional (QP)(#2): Clinical Integrity and approval of plans. Supervisors: Monitoring implementation and documentation. Direct Care Staff: Execution of interventions and accurate documentation. 9. Date of Full Compliance: 4/30/26."</p> <p>Review on 4/8/26 of the second addendum to the POP completed by the Executive Director/Program Director/Owner dated 4/8/26 revealed: -"Describe your plans to make sure the above happens. 3. Staff Re-Training. All clinical and direct care staff will receive mandatory re-training from licensed clinician starting April 13th, 2026 and ongoing. 9. Date of Full Compliance: April 13, 2026."</p> <p>This facility served clients aged 12-17 years old with diagnoses which included the following: Oppositional Defiant Disorder; Post Traumatic Stress Disorder; Attention Deficit Hyperactivity Disorder; Disruptive Mood Dysregulation Disorder; Reactive Attachment Disorder; Autism Spectrum Disorder; Unspecified Schizophrenia Spectrum and Other Psychotic Disorder; and Unspecified Depressive Disorder. The facility did not develop and implement treatment goals and strategies to address the needs of 4 of 4 former clients who were admitted to the facility longer than 30 days. FC #1 had a history of self-injurious behaviors and elopement that was not addressed in his treatment plan and a goal related to aggression that was not being implemented by staff. FC #4 had a history of self-injurious behaviors, elopement, and aggression towards others that was not addressed in her treatment plan. Identified strategies for FC #1 and FC #4 , such as individual and group therapy and group activities to address the triggers and stressors</p>	V 112		
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<p>V 112</p>	<p>Continued From page 45</p> <p>were not documented as having been implemented. FC #3 had a history of self-injurious behaviors with no treatment goals or strategies to address this behavior. FC #5 had a history of self-injurious behaviors, verbal and physical aggression, property destruction, dishonesty, and theft with no treatment goals or strategies to address these behaviors. Staff were instructed to call the police for behaviors of elopement, self-harm, suicidal ideation, or physical aggression. Between 1/23/26 - 3/16/26 FC #1, FC #3, FC #4 and FC#5 had a combined total of 5 calls to law enforcement for assistance with clients' behaviors, 2 incidents of absent without leave (AWOL), 15 incidents of aggression towards others, 1 instance of theft, 4 incidents of self-injurious behaviors, and 3 incidents of involuntary commitment to the hospital while not having treatment goals and strategies to address their needs. QP #1 was responsible for developing and implementing treatment goals and strategies for the clients and received no oversight regarding their completion by the Executive Director/Program Director/Owner.</p> <p>This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.</p>	<p>V 112</p>	
<p>V 131</p>	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>	<p>V 131</p>	<p>V 131</p> <p>ements</p> <p>/QP and House Manager will ensure all employee files are e for review and checklists are complete prior to employee any shift.</p> <p>ector/QP will complete the employee checklist of nd training needed. Program Director/QP will inform the House hing the employee providing all needed documents to be eligible he schedule to work.</p> <p>/QP will monitor employee records every 60 days for</p> <p>/QP will ensure employee records include the following:</p> <ul style="list-style-type: none"> • Date of hire • Criminal background check <ul style="list-style-type: none"> ◦ Completed within 5 days of the extension of job offer. • North Carolina Health Care Personnel Registry findings, if any • Signed job description that includes minimum age, literacy, minimum education, work experience, and all other qualifications required for position and all job duties plainly listed - signed and dated by staff and QP or direct supervisor. <ul style="list-style-type: none"> ◦ This will be maintained in the employee record for duration of employment

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- Completed within 5 days of the extension of job offer.
- Drivers license
- Education verification
- All training - records of completion upon hire and updated annually or as required by state regs (or federal depending on the strictest time frame)
 - To include: CPR/First Aid (including seizure management),, ADA (de escalation, conflict resolution, etc), Person Centered Thinking, Documentation, Incident Reporting, Abuse/Neglect/Exploitation, Client/Disability Rights, Policies and Procedures of Company, Med Tech, and Bloodborne Pathogens/Infectious Disease, etc.
- On the Job Training, or OJT, consists of one full week of work overseen by a house manager to ensure that job duties are understood and completed at a level that shows proficiency.
 - Client specific competency training on each client in the facility will occur during OJT. These will be updated as needed and staff will be trained on updates, as well. Documentation of training will be placed in the client chart.
 - Once completed, staff can then be placed on schedule regularly and without restriction.
- All training listed above should be completed before client interaction occurs - this can be referenced as a new-hire orientation conducted by QP or Program Director. OJT can be conducted on the first week on shift but the staff can not work alone prior to documented completion of OJT
- Any coaching/disciplinary action
- Quarterly employee review with house manager, QP, program director

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V 131	<p>Continued From page 46</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire for 1 of 7 audited paraprofessional staff (Business Manager/Consultant). The findings are:</p> <p>An attempted review on 3/20/26 of the Business Manager/Consultant's personnel record revealed: -No personnel record. -No hire date documented. -No documentation that the HCPR was accessed prior to hire.</p> <p>Interview on 3/23/26 with FC #2's Department of Social Services Child Protective Services (DSS/CPS) legal guardian revealed: -She "had one face to face interaction (with Business Manager/Consultant) the day we moved her in (to facility), [Business Manager/Consultant] was at facility for intake." -The Business Manager/Consultant was "in charge of the facility, owner of facility."</p> <p>Interview on 3/23/26 with FC #2 revealed: - "[Business Manager/Consultant] was at the home (facility) random times." -"[Business Manager/Consultant] would always be trying to get us (clients) to go to stores with him individually (with no other staff or clients)." -Had observed the Business Manager/Consultant interview "the new white man for the Qualified Professional (QP) (#2) job at the house facility."</p>	V 131		

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V 131	<p>Continued From page 47</p> <p>Interview on 3/24/26 with FC #3 revealed: -The Business Manager/Consultant "came once a week (to facility), he would be checking on staff and checking on us (clients)." -"...(Business Manager/Consultant) sometimes giving us (clients) money (as an allowance)."</p> <p>Interview on 3/25/26 with FC #4 revealed: -"He (Business Manager/Consultant) was there (at facility) probably every week." -"[Business Manager/Consultant] would bring money for us (clients), get money every Friday." - Her "2nd hospital involuntary commitment was [Business Manager/Consultant] who picked me up from the hospital."</p> <p>Interview on 3/23/26 with FC #5's legal guardian/parent revealed: -"[Business Manager/Consultant] was the director of the facility, told by him and staff that he was in charge." -"[Business Manager/Consultant] was there (at facility) on 2/7/26 at intake (FC #5), shook his hand and talked with him for 3 minutes before he left."</p> <p>Interview on 3/23/26 with FC #5 revealed: -The Business Manager/Consultant "was the one who gave us (clients) money for allowance and buying groceries (for facility)." -"Every Friday [Business Manager/Consultant] would give us (clients) the 20 dollars and we would give it to staff to count and put it in an envelope in the staff office (at facility)." -Would see the Business Manager/Consultant at the facility "sometimes on Saturdays and Sundays." -While at the facility the Business Manager/Consultant "talked to me, would say hi,</p>	V 131		

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V 131	<p>Continued From page 48 and talk with the staff."</p> <p>Interview on 3/23/26 with FC #6 revealed: -"[Business Manager/Consultant] was the house manager (for facility)." -The Business Manager/Consultant came to the facility and "would bring food...would give us (clients) money if we did our chores...talk to staff and sometimes talk to kids (clients)."</p> <p>Interview on 3/23/26 with FC #7's DSS/CPS legal guardian revealed: -"...[Business Manager/Consultant] was the contact person for placement (at facility) and sent me an intake packet to complete for [FC #7]."</p> <p>Interview on 3/23/26 with FC #7 revealed: -The Business Manager/Consultant was "coming to the house (facility) often, saw dude (Business Manager/Consultant) weekly (at facility) easily." - "[Business Manager/Consultant] would pull up in the middle of the night (at facility) and give the little girl [FC #4] [plastic toy]." -When the Business Manager/Consultant was at the facility "he would try to get me to go to places with him...wouldn't go." -"[Business Manager/Consultant] would say he is a consultant (for facility)."</p> <p>Interview on 3/25/26 with FC #8 revealed: -He saw the Business Manager/Consultant "4-5 times in the home (facility)." -"[Business Manager/Consultant] would give us (clients) money after we did our chores." -"Saw him (Business Manager/Consultant) every Friday, he would give the money (for completing chores) to the staff." -"[Business Manager/Consultant] would check in (at facility) and talk with us (clients)."</p>	V 131		

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V 131	<p>Continued From page 49</p> <p>Interview on 3/20/26 with the local DSS/CPS Investigator revealed: -It was "clear that [Business Manager/Consultant] does have the interactions with clients and at the home (facility) periodically, drops off supplies, coordinates maintenance for the house, contacted multiple times (by staff) for crisis and gave staff direction to call mobile crisis." -"[Staff #3] told me [Business Manager/Consultant] runs the show (facility)."</p> <p>Interview on 3/24/26 with Former Staff #1 revealed: -"[Business Manager/Consultant] was more if we (staff) had had questions about the house (facility) or something going on (client behaviors)." -She would "see him (Business Manager/Consultant) once a week (at facility), he was dropping by bringing groceries, supplies (for facility)." -"[Business Manager/Consultant] brought money for the clients."</p> <p>Interview on 3/24/26 with Staff #5 revealed: - The Business Manager/Consultant "is the consultant...he helps us (staff) out." -Talked with the Business Manager/Consultant about concerns with 1st shift not enforcing facility rules, "[Business Manager/Consultant] said they would implement a strict policy for the facility (rules for staff)."</p> <p>Interview on 3/23/26 with Staff #6 revealed: -"[Business Manager/Consultant] would come in (to facility) and speak to clients and staff." - "[Business Manager/Consultant] was in the home (facility) bringing in groceries." -"[Business Manager/Consultant] would talk to the kids (clients), ask how day is going, ask if they</p>	V 131		

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V 131	<p>Continued From page 50</p> <p>need anything."</p> <p>-"[Business Manager/Consultant] is always calling (the facility) and checking up (with staff), seeing if kids (clients) need anything."</p> <p>Interview on 3/24/26 with Former QP #1 revealed: -"[Business Manager/Consultant] he hired me to be the Qualified Professional (QP)" of the facility. - "[Business Manager/Consultant] was making the decision about which kids (clients) can come (admitted) into the home (facility)." -"[Business Manager/Consultant] was doing the intake with the (client's) care coordinator/guardian then sending me the completed paperwork to sign off on."</p> <p>Interview on 3/30/26 with the Business Manager/Consultant revealed: -He "would come in (to facility) and talk to the House Manager (HM)...ask who gets money (for completing chores)." -"I would give the money to the house manager for clients for completing chores (at facility)." -"If clients were at the home (while he was at the facility) I will talk with them." -Brought toys to the facility for clients, "trying to make the kiddos feel like it (facility) is a home." - "[Former QP #1] and [Former Staff #1] didn't want to pick [FC #4] up, so I went and signed her out picked her up from the hospital (brought back to the facility)." -"Staff would call (Business Manager/Consultant) for crisis interventions..." -"Staff would call me (for client crisis) and I would direct them to call mobile crisis." -Staff were keeping him in the loop with what was going on at the facility because "staff look at the Business Manager like I am on the same level as [Executive Director/Program Director /Owner], don't want to tell staff not to call me...would get</p>	V 131		

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V 131	<p>Continued From page 51</p> <p>the info and relay it to [Executive Director/Program Director /Owner]."</p> <p>Interview on 4/9/26 with the Executive Director/Program Director/Owner revealed: -HCPR was not accessed prior to hire for the Business Manager/Consultant because "[Business Manager/Consultant] is not really a staff member, not there (at facility) all the time, when I need him at the facility he can be there."</p>	V 131		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & 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> <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>	V 132	<p>V 132</p> <p>rements</p> <p>ector/QP and House Manager will ensure all employee files are e for review and checklists are complete prior to employee any shift.</p> <p>ector/QP will complete the employee checklist of nd training needed. Program Director/QP will inform the House ing the employee providing all needed documents to be eligible he schedule to work.</p> <p>ector/QP will monitor employee records every 60 days for</p> <p>ector/QP will ensure employee records include the following:</p> <ul style="list-style-type: none"> • Date of hire • Criminal background check <ul style="list-style-type: none"> ◦ Completed within 5 days of the extension of job offer. • North Carolina Health Care Personnel Registry findings, if any • Signed job description that includes minimum age, literacy, minimum education, work experience, and all other qualifications required for position and all job duties plainly listed - signed and dated by staff and QP or direct supervisor. <ul style="list-style-type: none"> ◦ This will be maintained in the employee record for duration of employment ◦ Completed within 5 days of the extension of job offer. • Drivers license • Education verification • All training - records of completion upon hire and updated annually or as required by state regs (or federal depending on the strictest time frame) <ul style="list-style-type: none"> ◦ To include: CPR/First Aid (including seizure management),, ADA (de escalation, conflict resolution, etc), Person Centered Thinking, Documentation, Incident Reporting, Abuse/Neglect/Exploitation, Client/Disability Rights, 	

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		<p>Policies and Procedures of Company, Med Tech, and Bloodborne Pathogens/Infectious Disease, etc.</p> <ul style="list-style-type: none"> • On the Job Training, or OJT, consists of one full week of work overseen by a house manager to ensure that job duties are understood and completed at a level that shows proficiency. <ul style="list-style-type: none"> ◦ Client specific competency training on each client in the facility will occur during OJT. These will be updated as needed and staff will be trained on updates, as well. Documentation of training will be placed in the client chart. ◦ Once completed, staff can then be placed on schedule regularly and without restriction. • All training listed above should be completed before client interaction occurs - this can be referenced as a new-hire orientation conducted by QP or Program Director. OJT can be conducted on the first week on shift but the staff can not work alone prior to documented completion of OJT • Any coaching/disciplinary action • Quarterly employee review with house manager, QP, program director
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V 132	<p>Continued From page 52</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 reviews and interviews, the facility failed to notify, report and investigate all allegations of neglect against Health Care Personnel. The findings are:</p> <p>Review on 3/20/26 of Staff #3's record revealed: -Date of Hire: 11/18/25. -No documentation regarding separation/termination in employment. -North Carolina Identification Card issued 4/9/25 with an expiration of 6/12/26. -No evidence of a valid driver's license. - Application for employment signed and dated 11/18/25. -"have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes (check mark)...If yes, please state the nature...DUI (Driving under the influence) 2020 [another county] DUI 2022 [same county as previous DUI]." -Former Qualified Professional (QP) #1 was listed as a reference. -Undated letter of offer for employment signed by Former QP #1 - "This letter is to inform you of the results of your recent criminal history record check...the records provided did show the information you provided during your interview process. As previously discussed, we have considered the circumstances of your charges/convictions, and they do not interfere with your ability to perform the duties required for</p>	V 132		
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V 132	<p>Continued From page 53 your position..."</p> <p>Review on 3/20/26 of Former QP #1's record revealed: -Date of Hire: 9/19/25. -Date of Separation: no documentation of last day of employment. -Job Description: "...Duties Include...Provides direct supervision as needed to ISS (Individual Support Specialist) (facility staff) staff...documents one-hour monthly supervisions for each supervised staff on caseload...and performs other duties as required by the agency..."</p> <p>Review on 3/20/26 of former client (FC) #7's record revealed: -Age: 17. -Date of Admission: 2/7/26. -Date of Discharge: 3/3/26. -Diagnoses: PTSD, Unspecified Schizophrenia Spectrum and Other Psychotic Disorder, and Unspecified Depressive Disorder.</p> <p>Interview on 3/20/26 with the local Department of Social Services Child Protective Services (DSS/CPS) Investigator revealed: -Report received on 3/9/26 for "improper supervision." -"Staff #3 was pulled over (by law enforcement (LE))" with FC #7 in the car on 2/24/26 at 11:22pm. -When Staff #3 got pulled over by LE with FC #7 in his personal vehicle on 2/24/26 he "was driving while license revoked, going 84 in a 50, reckless endangerment." -"2 different residents (FC #2 and FC #7) gave the same statement about riding around at night (with Staff #3), purchasing drugs, using drugs in the bathroom, clients (FC #2 and FC #7)</p>	V 132	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/09/2026
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NAME OF PROVIDER OR SUPPLIER INTEGRATED TREATMENT SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2329 SPRINGS ROAD NE HICKORY, NC 28601
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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)	(X5) COMPLETE DATE
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V 132	<p>Continued From page 54</p> <p>described a glass pipe in zippered case, [Staff #3] gave them (FC #2 and FC #7) alcohol and marijuana, (FC #7) talked about when he got pulled over (with Staff #3) he was tweaked on meth (methamphetamines)."</p> <p>Review on 3/23/26 of North Carolina Uniform Citation - Court Copy revealed: -Date of incident 2/24/26 at 11:22 pm. -Staff #3 was listed as the defendant. -"What you are charged with... -Count 1...operate a motor vehicle on a street or highway while the defendant's drivers license was revoked for an impaired driving revocation... -Count 2...operate a motor vehicle on a street or highway at a speed of 84 MPH (miles per hour) in a 50MPH zone... -Count 3...without due caution and circumspection and at a speed or in a manner so as to endanger persons and property... -Count 4...operate a motor vehicle on a street or highway in forward motion without having the provided seat belt properly fastened..."</p> <p>Review on 3/25/26 of facility's client transportation logs dated January 2026 to March 2026 revealed: -29 separate instances of Staff #3 having been documented as the driver for having transported clients FC #1, FC #3, FC #5, FC #6, and FC #7. -QP #1 signed off as supervisor on the transportation logs.</p> <p>Attempted interviews on 3/24/26, 3/26/26, 3/23/26, and 4/6/26 with Staff #3 were unsuccessful as he did not respond to text messages and there was no option to leave a voice message.</p> <p>Interview on 3/25/26 with FC #4 revealed:</p>	V 132	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/09/2026
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V 132	<p>Continued From page 55</p> <p>-"[Staff #3] took me to the park, Walmart, and doctor appointments (while Staff #3 drove)." - "[Staff #3] picked me up from hospital the first time I was involuntarily committed while at the facility (Staff #3 drove FC #4 from the hospital to the facility)."</p> <p>Interview on 3/23/26 with FC #5 revealed: -Was in the car while Staff #3 was driving and "would go to stores with [Staff #3]."</p> <p>Interview on 3/23/26 with FC #6 revealed: - Rode in the car while Staff #3 was driving, "one time...went to [local store]."</p> <p>Interview on 3/23/26 with FC #7 revealed: -He was riding in the car with Staff #3 when he got pulled over on 2/24/26, "trooper pulled him (Staff #3) over." -"Trooper said he (Staff #3) can't be doing stuff like that (driving recklessly) but let him drive back to the house (facility)." -When he got pulled over by LE on 2/24/26 while Staff #3 was driving, "Staff #3 took me to a meth plug (drug house), picked his stuff (drugs) up then left (back to facility)." -"Rode around (while Staff #3 drove) with [Staff #3] a lot."</p> <p>Interview on 3/25/26 with FC #8 revealed: -"[Staff #3] took me to the park, stores and other places (while Staff #3 drove)."</p> <p>Interview on 4/6/26 with Staff #5 revealed: -Observed Staff #3 transport clients "maybe like 3 times a week while I was there (at the facility from 4pm-12am)." -Staff #3 transported the clients "a good amount of times while I was working (4pm-12am)...a lot would be [FC #7] and [FC #2]...less often taking</p>	V 132		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/09/2026
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V 132	<p>Continued From page 56</p> <p>young kids (clients) out driving."</p> <p>Interviews on 3/23/26 and 4/6/26 with Staff #6 revealed:</p> <p>-Staff #3 "would take (drive) the clients to the park, to the stores, he took [FC #7] and [FC #2] quite often, he (Staff #3) said because they were older and aggravated by younger kids."</p> <p>-"No one stopped him (Staff #3) from transporting the clients (while not having a valid driver's license)."</p> <p>-Observed Staff #3 transport clients "no more than 5 times while I worked 2nd shift (4pm-12am)."</p> <p>Interviews on 3/24/26, 4/6/26 and 4/8/26 with Former QP #1 revealed:</p> <p>-Last day of employment with the facility was 2/17/26.</p> <p>-Hired Staff #3 and he "didn't have a license (driver's) upon being hired, he was hired initially for 3rd shift (12am-8am)."</p> <p>-"...with all the staff quitting he (Staff #3) worked 1st and 2nd shift."</p> <p>-"Was not aware [Staff #3] was transporting clients (without an valid driver's license), I knew the week after we (Former Staff #1 and Former QP #1) quit (after 2/17/26) that [Staff #3] was driving and notified [Executive Director/Program Director/Owner]."</p> <p>-"I never signed off on any transportation logs (with Staff #3 initialed as driver)."</p> <p>-"Any (transportation logs) in there (facility) with [Staff #3] taking clients anywhere with my signature then that's false."</p> <p>-"I signed so much paper (at facility) I am not sure (signing transportation logs), don't know what happened there (transportation logs documented Staff #3 as the driver with Former QP #1's signature)."</p>	V 132		
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V 132	<p>Continued From page 57</p> <p>Interview on 3/30/26 with the Business Manager/Consultant revealed: -Was made aware of the allegations of neglect against Staff #3 by DSS/CPS. -Was not a part of hiring Staff #3. -Did not complete an internal investigation or report to the Health Care Personnel Registry (HCPR)... "We (the facility) kind of went along with what DSS (DSS/CPS) was doing and accommodating to them and let them take the lead." -The facility did not complete their own investigation. "We did an incident report." -Could not provide an accurate date that Staff #3 provided a drug test for the facility.</p> <p>Interviews on 3/19/26, 3/30/26 and 4/9/26 with the Executive Director/Program Director/Owner revealed: -Was not aware of the allegations of neglect against Staff #3 from DSS/CPS until 3/18/26. -Former QP #1 was responsible for hiring. -He was "not aware [Staff #3] was driving clients around with no license (drivers)." -"Staff that does not have a license (drivers) should not be transporting clients." -"I could have been a little more involved (with facility), provided more insight (provide staff supervision) to the facility." -"This venture (owner of facility) was a little more hands on and involved (oversight of staff and facility operations) then I thought it would be, wanted it (facility) to run autonomously." -Had not completed an internal investigation or report to HCPR regarding the allegations of neglect against Staff #3. "...pretty much relied on the evidence that she (DSS/CPS investigator) shared with me..." -"I assume we can't report them (allegations of</p>	V 132		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/09/2026
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<p>V 132</p>	<p>Continued From page 58 neglect against staff #3 to HCPR) until proven to be substantiated."</p>	<p>V 132</p>	
<p>V 133</p>	<p>G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private</p>	<p>V 133</p>	<p>V 133 rements /QP and House Manager will ensure all employee files are e for review and checklists are complete prior to employee any shift. rector/QP will complete the employee checklist of nd training needed. Program Director/QP will inform the House ning the employee providing all needed documents to be eligible he schedule to work. /QP will monitor employee records every 60 days for /QP will ensure employee records include the following:</p> <ul style="list-style-type: none"> • Date of hire • Criminal background check <ul style="list-style-type: none"> ◦ Completed within 5 days of the extension of job offer. • North Carolina Health Care Personnel Registry findings, if any • Signed job description that includes minimum age, literacy, minimum education, work experience, and all other qualifications required for position and all job duties plainly listed - signed and dated by staff and QP or direct supervisor. <ul style="list-style-type: none"> ◦ This will be maintained in the employee record for duration of employment ◦ Completed within 5 days of the extension of job offer. • Drivers license • Education verification • All training - records of completion upon hire and updated annually or as required by state regs (or federal depending on the strictest time frame) <ul style="list-style-type: none"> ◦ To include: CPR/First Aid (including seizure management),, ADA (de escalation, conflict resolution, etc), Person Centered Thinking, Documentation, Incident Reporting, Abuse/Neglect/Exploitation, Client/Disability Rights, Policies and Procedures of Company, Med Tech, and Bloodborne Pathogens/Infectious Disease, etc. • On the Job Training, or OJT, consists of one full week of work overseen by a house manager to ensure that job duties are understood and completed at a level that shows proficiency. <ul style="list-style-type: none"> ◦ Client specific competency training on each client in the facility will occur during OJT. These will be updated as needed and staff will be

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			<p>trained on updates, as well. Documentation of training will be placed in the client chart.</p> <ul style="list-style-type: none"> ◦ Once completed, staff can then be placed on schedule regularly and without restriction. • All training listed above should be completed before client interaction occurs - this can be referenced as a new-hire orientation conducted by QP or Program Director. OJT can be conducted on the first week on shift but the staff can not work alone prior to documented completion of OJT • Any coaching/disciplinary action • Quarterly employee review with house manager, QP, program director
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/09/2026
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<p>V 133</p>	<p>Continued From page 59</p> <p>entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of</p>	<p>V 133</p>	
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-110</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____</p>	<p>(X3) DATE SURVEY COMPLETED C 04/09/2026</p>
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<p>V 133</p>	<p>Continued From page 60</p> <p>a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <p>(1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section,</p>	<p>V 133</p>		
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>MHL018-110</p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p>C 04/09/2026</p>	
<p>NAME OF PROVIDER OR SUPPLIER</p> <p>INTEGRATED TREATMENT SERVICES</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>2329 SPRINGS ROAD NE HICKORY, NC 28601</p>		
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V 133	<p>Continued From page 61</p> <p>"relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in</p>	V 133	
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<p>V 133</p>	<p>Continued From page 62</p> <p>violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a national criminal history record check was requested within five business days of making the conditional offer of employment affecting 1 of 7 audited paraprofessional staff (Business Manager/Consultant). The findings are:</p>	<p>V 133</p>		
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>MHL018-110</p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING: _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p>C 04/09/2026</p>	
<p>NAME OF PROVIDER OR SUPPLIER</p> <p>INTEGRATED TREATMENT SERVICES</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>2329 SPRINGS ROAD NE HICKORY, NC 28601</p>		
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V 133	<p>Continued From page 63</p> <p>An attempted review on 3/20/26 of the Business Manager/Consultant's personnel record revealed: -No personnel record. -No documentation of a national criminal history record check was requested within five business days of making the conditional offer of employment.</p> <p>Interview on 3/23/26 with former client (FC) #2's Department of Social Services Child Protective Services (DSS/CPS) legal guardian revealed: -She "had one face to face interaction (with Business Manager/Consultant) the day we moved her in (to facility), [Business Manager/Consultant] was at facility for intake." -The Business Manager/Consultant was "in charge of the facility, owner of facility."</p> <p>Interview on 3/23/26 with FC #2 revealed: - "[Business Manager/Consultant] was at the home (facility) random times." -"[Business Manager/Consultant] would always be trying to get us (clients) to go to stores with him individually (with no other staff or clients)." -Had observed the Business Manager/Consultant interview "the new white man for the Qualified Professional (QP) (#2) job at the house facility."</p> <p>Interview on 3/24/26 with FC #3 revealed: -The Business Manager/Consultant "came once a week (to facility), he would be checking on staff and checking on us (clients)." -"...(Business Manager/Consultant) sometimes giving us (clients) money (as an allowance)."</p> <p>Interview on 3/25/26 with FC #4 revealed: -"He (Business Manager/Consultant) was there (at facility) probably every week." -"[Business Manager/Consultant] would bring money for us (clients), get money every Friday."</p>	V 133		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/09/2026
NAME OF PROVIDER OR SUPPLIER INTEGRATED TREATMENT SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 2329 SPRINGS ROAD NE HICKORY, NC 28601	
(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)
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<p>V 133</p>	<p>Continued From page 64</p> <p>-Her "2nd hospital involuntary commitment was [Business Manager/Consultant] who picked me up from the hospital."</p> <p>Interview on 3/23/26 with FC #5's legal guardian/parent revealed: -"[Business Manager/Consultant] was the director of the facility, told by him and staff that he was in charge." -"[Business Manager/Consultant] was there (at facility) on 2/7/26 at intake (FC #5), shook his hand and talked with him for 3 minutes before he left."</p> <p>Interview on 3/23/26 with FC #5 revealed: -The Business Manager/Consultant "was the one who gave us (clients) money for allowance and buying groceries (for facility)." -"Every Friday [Business Manager/Consultant] would give us (clients) the 20 dollars and we would give it to staff to count and put it in an envelope in the staff office (at facility)." -Would see the Business Manager/Consultant at the facility "sometimes on Saturdays and Sundays." -While at the facility the Business Manager/Consultant "talked to me, would say hi, and talk with the staff."</p> <p>Interview on 3/23/26 with FC #6 revealed: -"[Business Manager/Consultant] was the house manager (for facility)." -The Business Manager/Consultant came to the facility and "would bring food...would give us (clients) money if we did our chores...talk to staff and sometimes talk to kids (clients)."</p> <p>Interview on 3/23/26 with FC #7's DSS/CPS legal guardian revealed: -"...[Business Manager/Consultant] was the</p>	<p>V 133</p>		
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-110</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED C 04/09/2026</p>	
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<p>(X4) ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>ID PREFIX TAG</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X5) COMPLETE DATE</p>

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V 133	<p>Continued From page 65</p> <p>contact person for placement (at facility) and sent me an intake packet to complete for [FC #7]."</p> <p>Interview on 3/23/26 with FC #7 revealed: -The Business Manager/Consultant was "coming to the house (facility) often, saw dude (Business Manager/Consultant) weekly (at facility) easily." - "[Business Manager/Consultant] would pull up in the middle of the night (at facility) and give the little girl [FC #4] [plastic toy]." -When the Business Manager/Consultant was at the facility "he would try to get me to go to places with him...wouldn't go." -"[Business Manager/Consultant] would say he is a consultant (for facility)."</p> <p>Interview on 3/25/26 with FC #8 revealed: -He saw the Business Manager/Consultant "4-5 times in the home (facility)." -"[Business Manager/Consultant] would give us (clients) money after we did our chores." -"Saw him (Business Manager/Consultant) every Friday, he would give the money (for completing chores) to the staff." -"[Business Manager/Consultant] would check in (at facility) and talk with us (clients)."</p> <p>Interview on 3/20/26 with the local DSS/CPS Investigator revealed: -It was "clear that [Business Manager/Consultant] does have the interactions with clients and at the home (facility) periodically, drops off supplies, coordinates maintenance for the house, contacted multiple times (by staff) for crisis and gave staff direction to call mobile crisis." -"[Staff #3] told me [Business Manager/Consultant] runs the show (facility)."</p> <p>Interview on 3/24/26 with Former Staff #1 revealed:</p>	V 133		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/09/2026
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V 133	<p>Continued From page 66</p> <p>-"[Business Manager/Consultant] was more if we (staff) had had questions about the house (facility) or something going on (client behaviors)."</p> <p>-She would "see him (Business Manager/Consultant) once a week (at facility), he was dropping by bring groceries, supplies (for facility)."</p> <p>-"[Business Manager/Consultant] brought money for the clients."</p> <p>Interview on 3/24/26 with Staff #5 revealed: - The Business Manager/Consultant "is the consultant...he helps us (staff) out." -Talked with the Business Manager/Consultant about concerns with 1st shift not enforcing facility rules, "[Business Manager/Consultant] said they would implement a strict policy for the facility (rules for staff)."</p> <p>Interview on 3/23/26 with Staff #6 revealed: -"[Business Manager/Consultant] would come in (to facility) and speak to clients and staff." - "[Business Manager/Consultant] was in the home (facility) bringing in groceries." -"[Business Manager/Consultant] would talk to the kids (clients), ask how day is going, ask if they need anything." -"[Business Manager/Consultant] is always calling (the facility) and checking up (with staff), seeing if kids (clients) need anything."</p> <p>Interview on 3/24/26 with former QP #1 revealed: - "[Business Manager/Consultant] he hired me to be the Qualified Professional (QP)" of the facility. - "[Business Manager/Consultant] was making the decision about which kids (clients) can come (admitted) into the home (facility)." -"[Business Manager/Consultant] was doing the intake with the (client's) care coordinator/guardian</p>	V 133		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/09/2026
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<p>V 133</p>	<p>Continued From page 67</p> <p>then sending me the completed paperwork to sign off on."</p> <p>Interview on 3/20/26 with the Business Manager/Consultant revealed: -He "would come in (to facility) and talk to the House Manager (HM)...ask who gets money (for completing chores)." -"I would give the money to the house manager for clients for completing chores (at facility)." -"If clients were at the home (while he was at the facility) I will talk with them." -Brought toys to the facility for clients, "trying to make the kiddos feel like it (facility) is a home." - "[Former QP #1] and [Former Staff #1] didn't want to pick [Client #4] up, so I went and signed her out picked her up from the hospital (brought back to the facility)." -"Staff would call (Business Manager/Consultant) for crisis interventions..." -"Staff would call me (for client crisis) and I would direct them to call mobile crisis." -Staff were keeping him in the loop with what was going on at the facility because "staff look at the Business Manager like I am on the same level as [Executive Director/Program Director/Owner], don't want to tell staff not to call me...would get the info (information) and relay it to [Executive Director/Program Director/Owner]."</p> <p>Interview on 4/9/26 with the Executive Director/Program Director/Owner revealed: -A national criminal history record check was not requested within five business days of making the conditional offer of employment to the Business Manager/Consultant because "[Business Manager/Consultant] is not really a staff member, not there (at facility) all the time, when I need him at the facility he can be there."</p>	<p>V 133</p>		
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-110</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____</p>	<p>(X3) DATE SURVEY COMPLETED C 04/09/2026</p>	
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<p>(X4) ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>ID PREFIX TAG</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X5) COMPLETE DATE</p>

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<p>V 272</p> <p>V 272</p>	<p>Continued From page 68</p> <p>27G .5101 Community Respite - Scope</p> <p>10A NCAC 27G .5101 SCOPE</p> <p>(a) Community respite is a service which provides periodic relief for a family or family substitute on a temporary basis. While overnight care is available, community respite services may be provided for periods of less than 24 hours on a day or evening basis. Respite care may be provided by the following models:</p> <p>(1) Center-based respite - the individual is served at a designated facility. While an overnight capacity is generally a part of this service, a respite center may provide respite services to individuals for periods of less than 24 hours on a day or evening basis.</p> <p>(2) Private home respite - the individual is served in the provider's home on an hourly or overnight basis.</p> <p>(b) Private home respite services serving individuals are subject to licensure under G.S. 122C, Article 2 when:</p> <p>(1) more than two individuals are served concurrently; or</p> <p>(2) either one or two children, two adults, or any combination thereof are served for a cumulative period of time exceeding 240 hours per calendar month.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews, and interviews, the facility failed to operate within the scope of their license. The findings are:</p> <p>Observation on 3/20/26 at 12:13pm of the facility basement revealed: -Signs posted on the exterior and interior doors to the basement that read "Integrated Treatment</p>	<p>V 272</p> <p>V 272</p>	<p>V 272</p> <p>Residents within the facility will have access to all parts of the home, as this is a residential facility. All signage will be removed.</p> <p>No one else will reside within the facility that is not a client. Staff will not reside in the facility. Only clients receiving authorized residential respite services can live there.</p>	
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>MHL018-110</p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING: _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p>C 04/09/2026</p>
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V 272	<p>Continued From page 69</p> <p>Services, Staff Only, Not a Youth Area, Authorized Personnel Only, Youth are not permitted beyond this point"</p> <ul style="list-style-type: none"> -The kitchen area had a refrigerator, freezer, microwave and dishwasher. -The kitchen area had a dining room table with 3 chairs and there was also a desk with an office style chair. -The kitchen counter had at least 8 drinking cups/containers, 2 coffee mugs, 3 reusable/resealable containers stacked, a dirty plate with a dirty bowl stacked top, and in the bowl was at least 4 dirty spoons and a smaller bowl with an unidentified red sauce. -There was at least one dirty spoon in the sink. - The refrigerator had a jar of mayonnaise, a bottle of juice, and at least 3 other containers of unidentifiable food items. -The freezer had 2 containers of ice cream, a box of corn dogs, and 2 spiral hams. -There was a bar extension from the counter with 2 additional chairs for seating. -The living room area had a couch, 2 chairs (one upholstered and one made of a leather type material), 3 dining room style chairs, coffee table and TV. -There was a full bathroom with toilet paper, paper towels, hand soap, sanitizer, and air freshener. -The bedroom area had carpet floors, an area rug, closet with ironing board hanging on the door, nightstand and dresser. -The nightstand in the bedroom had a lamp that was plugged in. -The bedroom area also had a television with remote on a table. -Two rooms used for storage had boxes stacked, some open and some closed. Visible items included various home furnishing items. 	V 272		

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V 272	<p>Continued From page 70</p> <p>Interview on 3/20/26 with the local Department of Social Services Child Protective Services (DSS/CPS) Investigator revealed: -The Business Manager/Consultant acknowledged that Former Staff #1, Staff #2, Staff #3 and Former Qualified Professional (QP) #1 had lived in the facility basement for extended periods of time, while clients resided in the facility.</p> <p>Review on 3/20/26 of FC #2's record revealed: -Age: 15 years -Date of Admission: 2/17/26. - Date of Discharge: 3/13/26.</p> <p>Interview on 3/23/26 with former client (FC) #2 revealed: -"[Former Staff #1] and [Former QP #1] first living in the basement (in facility)." -"[Staff #3] and [Staff #2] lived in the basement too (after Former Staff #1 and Former QP #1)." - She had "been in their bedroom (in facility basement) to help [Staff #3] and [Staff #2] move in (facility basement bedroom)." -On occasion she would "go to the basement and chill for a couple hours...[Staff #3] and [Staff #2] would be in their bedroom, and me and [FC #7] would be in the living room area in the basement talking." -"Everybody (staff and clients) in the house (facility) knew about staff (Former Staff #1, Staff #2, Staff #3 and Former QP #1) living in the home (facility)."</p> <p>Review on 3/20/26 of FC #4's record revealed: -Age: 13 years. -Date of Admission: 12/12/25. - Date of Discharge: 3/18/26.</p> <p>Interview on 3/25/26 with FC #4 revealed: -"[Former QP #1] and [Former Staff #1] lived in</p>	V 272		

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V 272	<p>Continued From page 71</p> <p>the basement (of facility) then [Staff #3] and [Staff #2] lived in there for about 2 weeks after (Former QP #1 and Former Staff #1 moved out of facility basement)."</p> <p>Review on 3/20/26 of FC #5's record revealed: -Age: 14 years. -Date of Admission: 2/7/26. -Date of Discharge: 3/18/26.</p> <p>Interview on 3/23/26 with FC #5 revealed: -"[Staff #2] and [Staff #3] lived in the basement (of facility)."</p> <p>Review on 3/20/26 of FC #7's record revealed: -Age: 17 years. -Date of Admission: 2/7/26. - Date of Discharge: 3/3/26.</p> <p>Interview on 3/23/26 with FC #7 revealed: -"[Staff #3] and [Staff #2] lived in the basement (of facility)." -He had "been in all the rooms downstairs (basement)." -"They (Staff #2 and Staff #3) had their own room (bedroom in basement)."</p> <p>Interview on 3/24/26 with Former Staff #1 revealed: -"Talked with both [Executive Director/Program Director/Owner]and [Business Manager/Consultant] about living in the basement (of facility)." -"[Executive Director/Program Director/Owner] and [Business Manager/Consultant] said it was ok to live in the basement (of facility)." -"We (Former Staff #1 and Former QP #1) stayed down there (facility basement) during the snowstorm, in the basement for 3-4 weeks in February (2026)."</p>	V 272		

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V 272	<p>Continued From page 72</p> <p>Interview on 4/6/26 with Staff #2 revealed: - "Talked with [Business Manager/Consultant] about staying (living) in the basement (of facility) for a day or 2 but that was it." -"We (Staff #2 and Staff #3) did stay down there (facility basement) when we had the storm (snowstorm February 2026)."</p> <p>Attempted interviews on 3/24/26, 3/26/26, 3/23/26, and 4/6/26 with Staff #3 were unsuccessful as he did not respond to text messages and there was no option to leave a voice message.</p> <p>Interview on 3/24/26 with Staff #5 revealed: - "[Former Staff #1] and [Former QP #1] lived in the basement (of facility) then [Staff #3] and [Staff #2] lived in the basement." -"I went in the basement one time to check on the water heater; I didn't go into the part where [Staff #3] and [Staff #2] were living (bedroom in facility basement)." -"[Staff #3] and [Staff #2] would say they lived down there (facility basement) and during (client) behaviors they would come upstairs from the basement to help."</p> <p>Interview on 3/23/26 with Staff #6 revealed: -She "knew about staff living in the basement." -"Started with [Former Staff #1] and [Former QP #1] (living in the basement of facility)...[Business Manager/Consultant] let them move in the basement." -After Former Staff #1 and Former QP #1 moved out of the facility basement "[Staff #2] and [Staff #3] were staying down there (living in the facility basement), after the snow cleared up (February 2026 snowstorm) [Staff #3] and [Staff #2] were still living in basement."</p>	V 272		

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V 272	<p>Continued From page 73</p> <p>"If you don't have people (staff) living in the basement and have decent staff...it would be a great spot (facility) for kids (clients)."</p> <p>Interviews on 3/24/26, 4/6/26 and 4/8/26 with Former QP #1 revealed:</p> <p>"We (Former Staff #1 and Former QP #1) had to live down there (facility basement) under the snowstorms (February 2026)."</p> <p>"We (Former Staff #1 and Former QP #1) lost our house because [Business Manager/Consultant] wasn't paying us...had nowhere to go (live)."</p> <p>"[Business Manager/Consultant] told us we (Former Staff #1 and Former QP #1) could live down there in the basement (of facility) as long as we need to because it was not registered by the state."</p> <p>Interview on 3/30/26 with the Business Manager/Consultant revealed:</p> <p>"They (Former Staff #1 and Former QP #1) were allowed to temporarily stay (live) in the basement (of facility) due to living in [city an hour away] and the winter weather (snowstorm February 2026)." - Former Staff #1 and Former QP #1 living in the facility basement was "not a permanent decision."</p> <p>"[Executive Director/Program Director/Owner] and I talked about it (Former Staff #1 and Former QP #1 living in facility basement)."</p> <p>"...[Executive Director/Program Director/Owner] said he wasn't sure about it (Former Staff #1 and Former QP #1 living in facility basement), told him they weren't going to stay 100% of the time." - Former Staff #1 and Former QP #1 living in the facility basement was "never going to be permanent."</p> <p>"That was not our knowledge of [Staff #3] and [Staff #2] living in the basement (of facility), we (Executive Director/Program Director/Owner) and</p>	V 272		

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V 272	Continued From page 74 Business Manager/Consultant) didn't know they were camping (living) out down there." Interviews on 3/30/26 and 4/9/26 with the Executive Director/Program Director/Owner revealed: -"[Former Staff #1] and [Former QP #1] worked a lot of hours (in facility) so they stayed over in the basement but did not live in the basement." - "...anything other than that (Former Staff #1 and Former QP #1 staying over but not living in the facility basement) I wasn't aware of." -He "didn't know about (Staff #2 and Staff #3 living in facility basement) until the Department of Social Services Investigator told me (on 3/18/26)." -Staff #2 and Staff #3 living in the facility basement was "my fault...just not following up with staff." -"I could have been a little more involved (with facility), provided more insight to the facility."	V 272		
V 273	27G .5102 Community Respite - Staff 10A NCAC 27G .5102 STAFF (a) The Program Director shall be either: (1) a graduate of a college or university with a four-year degree in human service-related field; or (2) a high school graduate or equivalent with at least three years of experience in human service programming. (b) It shall be the responsibility of the Program Director to determine the appropriate ages of staff to provide respite services. (c) The following minimum staff requirements apply to community center-based respites: (1) During waking hours, in a facility that serves four or more clients, a minimum of two	V 273	V 273 A Program Director will be hired that meets all state requirements and will supervise services and staff.	

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V 273	<p>Continued From page 75</p> <p>staff members shall be on duty when five or fewer clients are in the facility. If more than five clients are being served, a minimum ratio of one staff member for every additional five or fewer clients shall be maintained.</p> <p>(2) During waking hours, in a facility that serves three or fewer clients, a minimum of two staff members shall be on duty unless emergency backup procedures are sufficient to allow only one staff member on duty.</p> <p>(3) During sleeping hours, a minimum of two staff members shall be available in the immediate area unless emergency backup procedures are sufficient to allow only one staff member on duty.</p> <p>(4) On occasions when only one client is in the facility, a minimum of one staff member shall be on duty during waking and sleeping hours. (d) In a private home respite, at least one respite provider approved according to guidelines established by the governing body and who has a basic understanding of the client's disability shall supervise the client at all times.</p> <p>This Rule is not met as evidenced by: Based on interviews, the facility failed to provide minimum staffing requirements of having a designated Program Director for the facility. The findings are:</p> <p>Interview on 3/24/26 with Former Qualified Professional (QP) #1 revealed: -"[Business Manager/Consultant] he hired me to be the Qualified Professional (QP)" of the facility. - "[Business Manager/Consultant] was making the decision about which kids (clients) can come into the home (facility)." -"[Business Manager/Consultant] was doing the</p>	V 273		

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V 273	<p>Continued From page 76</p> <p>intake with the (client's) care coordinators and legal guardians then sending me the completed paperwork to sign off on."</p> <p>Interview on 3/30/26 with the Business Manager/Consultant revealed: -"We don't specifically have a Program Director." - "[Former QP #1] was here for 40 hours a week so he could sign off on some of those things (Program Director responsibilities)...Program Director roles were unofficially passed off to [Former QP #1]."</p> <p>Interview on 3/30/26 with the Executive Director/Program Director/Owner revealed: - "Thought about hiring a Program Director but haven't got there yet, wanted to back myself out before hiring a Program Manager (Director) but didn't get there." - "[Former QP #1] was here (at facility) 40 hours a week, so he was Program Director and QP, I was back up."</p> <p>Interview on 4/9/26 with the Executive Director/Program Director/Owner revealed: - The facility Program Director "will be me until I appoint one, will hire for one (Program Director) eventually."</p>	V 273		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>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</p>	V 366	<p>Incident Response Requirements:</p> <p>All employees will be re-trained on Incident Reporting (IRIS) within the next 30 days. This training will include definitions and levels of critical incidents, abuse, neglect, and exploitation, and documenting/reporting incidents. This training will be documented and included in the employee's record. Going forward, effective immediately, all newly hired staff will receive this training during new hire orientation.</p> <p>Any allegations of abuse, neglect, or exploitation, including injuries of unknown origin, made at or about the providing facility or staff working in the facility will be documented in an incident report and reported to the appropriate agencies, guardians, and authorities.</p> <p>Program Director/QP will complete all incident reports and upload to all required systems as incidents occur and within the required time of the level of the incident.</p>	

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Program Director/QP and the House Manager will review incident reports on a monthly basis. .

Provider will provide Incident reports to the MCO and legal guardian within the required time of the level of the incident.

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<p>V 366</p>	<p>Continued From page 77</p> <p>of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(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 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 (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</p>	<p>V 366</p>		
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<p>V 366</p>	<p>Continued From page 78</p> <p>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 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: (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</p>	<p>V 366</p>		
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V 366	<p>Continued From page 79</p> <p>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 reviews and interviews, the facility failed to implement written policies governing their response to incidents. The finding are:</p> <p>Review on 3/20/26 of Former Client (FC) #1's record revealed:</p> <p>-Age: 12 years.</p> <p>-Date of Admission: 11/7/25.</p> <p>-Date of Discharge: 3/6/26.</p> <p>-Diagnoses: Post Traumatic Stress Disorder (PTSD), Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactivity Disorder (ADHD), and Autism Spectrum Disorder.</p> <p>-Face sheet: "Behavior concerns: self-injurious behaviors, flight threat, aggression towards others, other (no additional information for other)."</p> <p>Review on 3/20/26 of FC #2's record revealed:</p> <p>-Age: 15 years.</p> <p>-Date of Admission: 2/17/26.</p> <p>-Date of Discharge: 3/13/26.</p> <p>-Diagnoses: PTSD, and Disruptive Mood Dysregulation Disorder (DMDD).</p>	V 366		
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V 366	<p>Continued From page 80</p> <p>-Face sheet: "Behavior Concerns: self-injurious behaviors, flight threat, aggression towards others, sexual behaviors, other: impulsivity, oppositional, lying, difficulties in school, suicidal and homicidal characteristics, physical and verbal aggression."</p> <p>Review on 3/20/26 of FC #4's record revealed: -Age: 13 years. -Date of Admission: 12/12/25. -Date of Discharge: 3/18/26. -Diagnoses: Conduct Disorder, ODD, and ADHD. - Face sheet: "Behavior Concerns: self-injurious behaviors, flight threat, and aggression towards others."</p> <p>Review on 3/20/26 of FC #5's record revealed: -Age: 14 years. -Date of Admission: 2/7/26. -Date of Discharge: 3/18/26. -Diagnoses: DMDD, PTSD, Conduct Disorder, Reactive Attachment Disorder, ODD, ADHD, and Autism Spectrum Disorder. -Face sheet: "Behavior Concerns: self-injurious behaviors, aggression towards people and animals, other: verbal and physical aggression, property destruction, dishonesty, and theft."</p> <p>Review on 3/20/26 of FC #8's record revealed: -Age: 17 years. -Date of Admission: 3/8/26. -Date of Discharge: 3/18/26. -Diagnoses: ODD and PTSD. -Face sheet: "Behavior Concerns: flight threat, aggression towards people and animals, other: verbal and physical aggression, and dishonesty."</p> <p>Review on 3/23/26 of local Law Enforcement (LE) call history to the facility from 1/23/26 - 3/16/26 revealed:</p>	V 366	
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V 366	<p>Continued From page 81</p> <p>-6 calls to LE: -3/16/26, 911 hang up (no information). -3/16/26, runaway (FC #8). -3/13/26, assist citizen (FC #5). -3/12/26, civil disturbance, (FC #5, FC #2 and FC #4 physically fought). -3/6/26, Involuntary commitment (IVC) (FC #1). - 2/22/26, IVC (FC #4).</p> <p>Attempted review on 3/30/26 of the facility's internal investigation on FC #7 being neglected by Staff #3 and Former QP #1 was unsuccessful as there was no internal investigation completed.</p> <p>Review on 3/25/26 of the facility's incident reports for 1/23/26 - 3/16/26 revealed: -3/16/26 - FC #8 "...had a verbal altercation with housemate (unidentified). He calmed down for a while...and burst into anger again. He finally (after another 10 minutes) left the house and refused to turn around and come back to the house. [Local LE] was called..." -3/16/26 - 2 incident reports for one incident (FC #4 and FC #5) - Former Client (FC) #4 "...started yelling and cursing housemate (FC #5), they proceed to argue while running down the stairs and out the front door. Consumer (FC #4) pulled housemate's (FC #5) hair and wrestled her to the ground...afterwards, consumer (FC #4) verbally abused another housemate..." -3/13/26 - FC #5 "...was angry with a female housemate (unidentified) and staff (unidentified) sent her to her room. On the way to her room she punched a staff member (unidentified) in the throat, face and chest. We (staff) got her (FC #5) to her room where she start busting her head in the she banged her head really hard..." -3/12/26 - 4:30 pm - 3 incident reports for one incident (FC #2, FC #4 and FC #5). FC #5 was reported at school for having a vape. FC #5, FC</p>	V 366		
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<p>V 366</p>	<p>Continued From page 82</p> <p>#2, and FC #4 were in a physical altercation hitting and pulling hair and physically fought. LE was called.</p> <p>-3/12/26 - 4:45 pm - FC #5 "...was in an altercation with another individual (unidentified). After, this individual (FC #5) went into her room and ran into the closet and began to hit her head on the closet wall...then used her foot to kick a hole in the wall of the closet. Shortly after police as well as staff (unidentified) calms down the situation."</p> <p>-3/6/26 - FC #1 had been to urgent care and tested positive for the flu. "...was quarantined from the other kids (unidentified clients), at 9 pm was asked to go to his bed. He refused to go. The individual (FC #1) wanted to sleep in the room with a 13 yr (year) old female (unidentified client). He started cursing and screaming at the staff (unidentified). He went to his room where he threw his small table at staff. He (FC #1) destroyed his bedroom. Threatened to stab staff (unidentified) and kill them. We (unidentified staff) could not control him. The law (LE) was called. He threatened to kill the police as well. The police stayed at the house (facility) why staff (unidentified) went to the magistrate to get an IVC...He broke the dresser, the table and tried to bust windows. 2 staff members (unidentified) were hit by flying objects. He bit and hit himself, he would scream 'I will f*****g kill you' 'I hate you' 'I will stab you in your throat'."</p> <p>-3/8/26 - FC #5 "...was upset about another housemate (unidentified) and went into the office with staff (unidentified)...Started to shout at staff...started to knock objects off the desk, punching the wall, hitting the window with a open hand and lightly hitting her head on the wall..." -</p> <p>3/1/26 - FC #2 "At 1 am the consumer (FC #2) was caught coming out of a housemates [FC #7) room. When she (FC #2) came downstairs at</p>	<p>V 366</p>		
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<p>V 366</p>	<p>Continued From page 83</p> <p>about 8:30 am staff (unidentified) noticed that she had a hickey on her neck. Staff (unidentified) checked the housemate's neck to and he also had hickeys. Staff (unidentified) took pictures of both consumers neck and sent to house manager."</p> <p>-2/22/26 - FC #4 "...was asked to clean her room she refused to do it and got very upset and started yelling at staff [Staff #6]. She (FC #4) then stomped to her room and slammed and locked the door. Staff [Staff #6] knocked on her door and the individual refused to open it. Staff decided to give her a few minutes, and then staff knocked again...The individual (FC #4) still refused to open the door and was yelling and cussing at staff [Staff #6] thru the door. Staff [Staff #6] got a case knife and opened the door and the individual (FC #4) continued yelling at staff [Staff #6] even though staff [Staff #6] was just letting the housemate into her room. About 20 min (minutes) later when dinner was read staff (unidentified) knocked on the individual's door to let her know to come eat. The individual (FC #4) waited til everyone (unidentified clients and staff) was out of the kitchen and then she ran downstairs and grabbed her food and ran back to her room and locked the door back. Staff [Staff #6] went back to the individuals (FC #4) room to see if she had taken food to her room and this time the house manager [staff #2] went with her due to the hostile anger the individual was showing. The individual denied having food in room and started yelling and cussing staff [staff #6] and threatened to punch staff...another staff member [Staff #4] came to the room with the individual's (FC #4) medication and then individual refused...started yelling and cussing the other staff member [staff #4]. The house manager (unidentified) contacted the mobile crisis...The HM (house manager) call police and when they arrived the individual was</p>	<p>V 366</p>		
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<p>V 366</p>	<p>Continued From page 84</p> <p>still locked in her. The police went to try and get her to open the door and talk while the house manager went to do the IVC (involuntary commitment) at magistrate office."</p> <p>-2/19/26 - FC #4 "...stole a sewing kit from [local store] on 2/13/26...contacted today 2/19/26 by the manager (of local store) with video of her stealing with another housemate (unidentified)...staff (unidentified) then went and paid for the items..." -</p> <p>2/19/26 - FC #5 "...went on an outing with staff on Feb 13, 26 (2026) to [local store]...The individual (FC #5) asked staff (unidentified) to buy her a pack of fingernails and staff said maybe next week...Then today on Feb 19, 26 (2026) The manager from the [local store] contacted staff (unidentified). The manager showed staff a video of individual (FC #5) stealing the nails. The individual (FC #5) denied stealing even though she was recorded. She crossed staff and had an outburst...The staff (unidentified) took individual back to [local store] to pay for the nails..."</p> <p>-2/16/26 - FC #5 "...was in the kitchen with a staff (unidentified) cooking to calm down from a former altercation (of which there is no documentation) in the common area between 2 housemates (unidentified). The other housemate (unidentified) followed this individual into the kitchen 3 mins (minutes) after...the other housemate (unidentified) called this individual 'what the f**k you looking at b***h' after that the other housemate (unidentified) and this individual (FC #5) got into a physical altercation...the other housemate (unidentified) hit this housemate (FC #5) several times grabbed her by the hair and pulled her to the ground. The other housemate (unidentified) was hitting this individual (FC #5) and this individual was biting the other housemate (unidentified). Staff (unidentified) tried to deescalate the situation. To no avail. Staff (unidentified) pull the 2 (clients) apart and made</p>	<p>V 366</p>		
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>MHL018-110</p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p>C</p> <p>04/09/2026</p>	
<p>NAME OF PROVIDER OR SUPPLIER</p> <p>INTEGRATED TREATMENT SERVICES</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>2329 SPRINGS ROAD NE</p> <p>HICKORY, NC 28601</p>		
<p>(X4) ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>ID PREFIX TAG</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X5) COMPLETE DATE</p>

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V 366	<p>Continued From page 85</p> <p>them go separate. No major injuries were gotten." -2/16/26 - FC #4 "...was in the kitchen with staff and other housemate when this individual said 'what the f**k you looking at b***h after that the housemate (not identified) stepped up and pointed at this individual (FC #4)...this individual (FC #4) punches the housemate (unidentified) in the face and grabbed her hair and dragged her to the ground and punched and pulled out wads of hair until staff (unidentified) broke up the two individuals (unidentified)..."</p> <p>-1/30/26 - FC #4 "...at approximately 6:00pm staff member ask individual to clean her room and do her chore. The individual became very disrespectful and loud...started to holler at staff member and cuss, she then went out the back door and hid from staff. She was hitting things busting her knuckles and took her fingernails and scratched her left forearm about 7 or 8 times until the blood came out..."</p> <p>Review on 3/26/26 of the North Carolina Incident Response Improvement System (NC IRIS) from 1/23/26 to 3/16/26 revealed: -Date of incident 3/6/26 - FC #1 "The consumer (FC #1) had been to urgent care earlier that day and had been diagnosed with the flu, when told it was bedtime the consumer (FC #1) became very upset and started yelling and cussing staff (unidentified) due to the fact that he was told that he couldn't sleep in the room with his female housemates (unidentified), he then went to his bedroom and started throwing and breaking things, and continued to h**l, when the house manager (unidentified) walked up to his door facing the consumer (FC #1) threw his nightstand at and hit the house manager (unidentified). He (FC #1) continued to be disruptive and yelling and cussing everyone (unidentified) and continued when the police came, so he was ivc."</p>	V 366		
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V 366	<p>Continued From page 86</p> <p>-Date of incident 3/12/26 - FC #4 "The consumer (FC #4) got 10 days of OSS (out of school suspension) from school today for having a vape at school and when school staff asked for it she would not give it to them. Consumer (FC #4) waited for one of the other housemates (unidentified) to get home from school, cause she (FC #4) wanted to fight her (unidentified client) saying that the housemate (unidentified) ratted her (FC #4) out. About 4:30pm the consumer (FC #4) and the housemate (unidentified) got into an altercation on the stairs and then another housemate (unidentified) joined in. Staff (unidentified) had to intervened and get the girls (unidentified clients) apart."</p> <p>-Date of incident 3/12/26 - FC #5 "When the consumer (FC #5) got home from school she was confronted by another housemate (unidentified) about rating her (FC #5) out about having a vape at school and the housemate (unidentified) got caught at school with the vape and got 10 days OSS. The consumer (FC #5) and the housemate (unidentified) started fighting on the stairs and another housemate (unidentified) joined in." -</p> <p>Date of incident 3/12/26 - FC #2 "The consumer (FC #2) got involved in a physical altercation that was going on with two other housemates (unidentified). The consumer (FC #2) was hitting the housemates (unidentified) over top of staff (unidentified), who was trying to get the other two (clients) apart. The altercation took place on the stairs. The altercation didnt have anything to do with the consumer (FC #2)."</p> <p>-Date of incident 1/30/26 - FC #4 - "Individual (FC #4) got angry at staff (unidentified) when asked to do her chores and clean her room, and she (FC #4) became very disrespectful and loud. Individual (FC #4) was hollering and cussing staff (unidentified) member. The individual (FC #4) then went out the back door and hid from staff</p>	V 366	
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V 366	<p>Continued From page 87</p> <p>(unidentified), and was punching things resulting in busting her (FC #4) knuckles open, and took a nail and scratched her wrist until it was bleeding. Staff (unidentified) cleaned all cuts and wounds. QP (Qualified Professional) (unidentified) went to have IVC done on the individual (FC #4) to insure her safety."</p> <p>-Date of incident 1/23/26 - FC #4 - "Individual (FC #4) was having a behavior because she was refusing to participate in her therapy session. She (FC #4) was being disrespectful to the therapist by cursing her, lying on the floor, playing with [plastic toy], and ignoring her. When staff (unidentified) confronted her (FC #4) about her behaviors and took the [plastic toy], she (FC #4) began cursing staff (unidentified) and housemates (unidentified), and threatening staff (unidentified) by saying 'I will beat you're a*s.' Individual (FC #4) began acting even more erratic and threatening to go AWOL (absent without leave). Individual (unidentified) ran out of the house into the neighbors wooded area and sat down. Staff (unidentified) in the home (facility) followed policy and procedures and notified the police that a child (client) had gone AWOL from our facility. Police arrived and spoke with the child (FC #4) and she agreed to return to the facility. Individual (FC #4) returned to home (facility) and apologized to staff and house mates (unidentified)."</p> <p>Review on 3/25/26 of the facility's records for 1/23/26 - 3/16/26 revealed:</p> <p>-No documentation of attending to the health and safety needs of the individuals involved in the incident, determining the cause of the incident, developing and implementing corrective measures, developing and implementing corrective measures to prevent similar incidents, and assigning person(s) to be responsible for</p>	V 366		
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V 366	<p>Continued From page 88</p> <p>implementation of the corrections and preventative measures.</p> <p>Interviews on 3/24/26 and 4/6/26 with Former Staff #1 revealed: -"The DSPs (Direct Service Professionals) should have been writing the preventative measures (on the incident reports)." -"Had to teach so many staff how to document (incident reporting information)."</p> <p>Interview on 4/6/26 with Staff #2 revealed: -Did not know there were other pages to the Department of Health and Human Services (DHHS) incident report form. -"Can't say 100% or not if strategies and goals documented would of helped with the behaviors." - Former Qualified Professional (QP) #1 would review incident reports. -Determining the cause of incidents, attending to the health/safety of clients and developing and implementing corrective measures "Not aware needed to be done, probably a lot that should have been in there (incident reports)." - "...Good to know now about the incident response pieces." -Incidents and incident response would be discussed with the House Manager and the Former QP #1.</p> <p>Interviews on 3/24/26 and 4/6/26 with Staff #5 revealed: -Was not trained about incident response documentation. -Would write the incident report and tell the House Manager what happened in the incidents. -Would call the Business Manager/Consultant when an incident occurred.</p> <p>Interviews on 3/23/26 and 4/6/26 with Staff #6</p>	V 366		
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<p>V 366</p>	<p>Continued From page 89</p> <p>revealed: -The facility trained on how to complete incident reports.</p> <p>Interviews on 3/24/26, 4/6/26 and 4/8/26 with the Former QP #1 revealed: -The Executive Director/Program Director/Owner wasn't necessarily reviewing incident reports fully. - "There should be more documentation from me about talking with staff about incidents." -"Asked [Business Manager/Consultant] and [Executive Director/Program Director/Owner] about the incident reports to use and they told us to do that page" (page one of the "DHHS Incident and Death Report" form). -Determining the cause of incidents, attending to the health/safety of clients and developing and implementing corrective measures "was not discussed with me by anyone. I thought I was answering all those questions with the first page of the incident report page but clearly I was wrong." -"In the beginning, [Executive Director/Program Director/Owner] came to the facility one time a week to check on things...had him review the incident reports...was never advised to do it different."</p> <p>Interviews on 3/20/26 and 4/1/26 with QP #2 revealed: -Had spoken with the Business Manager/Consultant about incidents. -"Going to have a meeting with staff to go over incident reporting and what constitutes an incident." -"Any incidents that took place since I started, wasn't involved in." -Was not responsible for incident reports and response.</p>	<p>V 366</p>		
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-110</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED C 04/09/2026</p>	
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V 366	<p>Continued From page 90</p> <p>Interview on 3/20/26 with the Business Manager/Consultant revealed:</p> <ul style="list-style-type: none"> -Was not a part of reviewing incident reports "not even one time." -There was discussion about how to complete incident reporting and response "talking point with the new QP (QP #2)." -The Former QP #1 and #2 was responsible for follow up from incidents. <p>Interviews on 3/30/26 and 4/9/26 with the Executive Director/Program Director/Owner revealed:</p> <ul style="list-style-type: none"> -The Former QP #1 and QP #2 was responsible for completing incident reports and IRIS. -Was responsible for oversight of incident reports. -Would review incident reports with Former QP #1. -Was aware that Former Staff #1 had completed IRIS reports "...it should have been the Former QP #1, looked at a couple of them (incident and IRIS reports) early on and felt comfortable with [Former QP #1] and [Former Staff #1] completing them." -Had only been reviewing incident reports up to the beginning of January 2026. "...not sure what is missing (from the incident reports), it could be in there, I know I've seen the 6 pages (from the incident report form)." -"...[Former QP #1] and [Former Staff #1] had a grasp on incident reports/IRIS then backed off from reviewing them..." -Felt comfortable with the Former QP #1 and Former Staff #1 completing incident response without his oversight. -There were no documentation about follow up conversations with Former QP #1 and Former Staff #1 regarding incident reporting and response. -"When they (Former QP #1 and Former Staff #1) 	V 366		
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V 366	<p>Continued From page 91</p> <p>left, they took things (facility documents and records), they tried to make it look bad. I definitely have seen them (completed incident reports)." -"I was aware of those pieces, they were getting done..."</p> <p>-Was not sure why the complete incident reports were not in the facility.</p> <p>Review on 4/6/26 of the Plan of Protection (POP) completed by the Executive Director/Program Director/Owner dated 4/2/26 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers/366/Type B Administrative Action. Executive Director will retrain the new QP (#2) on protocol for creating and submitting incident reports both local and within IRIS starting April 3, 2026.</p> <p>Describe your plans to make sure the above happens. Executive Director/ Program Director/Owner will train QP (#2) on the proper protocol for incident reporting and follow up while providing weekly oversight and review of any incidents. QP (#2) will lead a training session for House Manager and DSP's (Direct Support Professional) on how to properly complete and submit incident reports to IRIS. QP (#2) will be responsible for reviewing all incident reports for accuracy and completion of reports. QP (#2) will require mandatory training and sign-off for each employee. QP (#2) will conduct the first Incident Report Training by April, 13, 2026."</p> <p>Review on 4/8/26 of the 1st amended POP completed by the Executive Director/Program Director/Owner dated 4/8/26 revealed:</p>	V 366		
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<p>V 366</p>	<p>Continued From page 92</p> <p>-"What immediate action will the facility take to ensure the safety of the consumers in your care? 1. Immediate Response & Client Safety. Upon discovery of an incident, staff will immediately ensure the health and safety of the client by: Assessing injury or distress and providing first aid/medical attention as needed. Placing the client in a safe, supervised environment, Notifying the supervisor/Qualified professional (QP) (#2) immediately. Removing staff involved from direct care pending review.</p> <p>Describe your plans to make sure the above happens. 2. Documentation & Reporting. An incident report will be completed within required timeframes. All details of the incident, actions taken, and client status will be documented. Notifications will be made to guardians and appropriate authorities as required and documentation will be maintained onsite for review. 3. Root Cause Analysis & Responsibility. A root cause review was completed within 24-48 hours. Identified Cause: [e.g., Staff failure to follow policy/training gap/supervision issue]. Responsible Party Assigned: Owner/House Manager/QP (QP#2) (3 separate staff) to oversee corrective actions and compliance. 4. Corrective Actions. Policy and procedures were reviews and reinforced with staff. Staff involved received retraining and/or disciplinary action as appropriate. Increased supervision and monitoring implemented immediately. 5. Training Plan. Topics: Incident reporting requirements, Client safety and supervision, Treatment plan implementation (if applicable), Documentation standards, Abuse/neglect prevention. Who Will Conduct Training: Qualified Professional (QP) (#2): Clinical and behavior-related training. Owner/Program Director (Executive</p>	<p>V 366</p>		
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<p>V 366</p>	<p>Continued From page 93</p> <p>Director/Program Director/Owner): Policy, compliance, and reporting requirements. Timeline: Ongoing and to be completed by April 30th. Ongoing monitoring and refresher training implemented. 6. Ongoing Monitoring. Supervisors will conduct weekly audits and observations, Monthly QA (Quality Assurance) reviews to ensure continued compliance and prevent recurrence. 7. Date of Full Compliance: April 30, 2026."</p> <p>Review on 4/8/26 of the 2nd amended POP completed by the Owner/Executive Director (Executive Director/Program Director/Owner) dated 4/8/26 revealed: -"Describe your plans to make sure the above happens. Timeline: Ongoing and to be completed by April 13th. Date of full compliance: April 13, 2026."</p> <p>The facility served minor clients between the ages of 12 to 17 years old with diagnoses including but not limited to ODD, PTSD, DMDD, ADHD, Conduct Disorder, and Autism Spectrum Disorder. Between the dates of 1/23/26 and 3/16/26 there were 17 facility incident reports completed that included behaviors of physical aggression toward staff, multiple physically aggressive incidents between peers, several attempts of self-harming behaviors, stealing, leaving the facility without permission, sexualized behaviors between clients, and involuntary commitments. Local law enforcement was called to the facility at least 6 times to assist with the various incidents, including but not limited to, aggressive and self-injurious behaviors and IVCs. There was no documentation provided that incident response strategies had been addressed to include attending to the health and safety needs of the clients involved in the incident,</p>	<p>V 366</p>	
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<p>V 366</p>	<p>Continued From page 94</p> <p>determining the cause of the incident, developing and implementing corrective measures, developing and implementing corrective measures to prevent similar incidents, and assigning person(s) to be responsible for implementation of the corrections and preventative measures. The Executive Director/Program Director/Owner denied responsibility for incident reporting and response and did not provide oversight to ensure that reporting and response occurred. The facility did not develop and implement measures to determine the cause of incidents in order to prevent future incidents. The number of incidents in the facility continued to escalate over the 7.5 week time period reviewed.</p> <p>This deficiency constitutes a Type B rule violation which is detrimental to the health, safety, and welfare of the clients and must be corrected within 45 days.</p>	<p>V 366</p>		
<p>V 512</p>	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that</p>	<p>V 512</p>	<p>V 512</p> <p>All staff will be trained on Abuse, Neglect, Exploitation, and Client Rights. They will also be trained on when, where, and how to report any violation. Employees are required to report any violation they become aware of the QP/Program Director before the end of their working day. The QP should then follow incident reporting procedures, including alerting law enforcement as required.</p>	

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V 512	<p>Continued From page 95</p> <p>is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 7 audited paraprofessionals (Staff #3) neglected 8 of 8 former audited clients (Former Client (FC) #1-#8) and 1 of 2 audited Qualified Professionals (QP) (Former QP #1) failed to protect 8 of 8 former audited clients from neglect neglected (FC #1-#8). The findings are:</p> <p>Review on 3/20/26 of Staff #3's record revealed: -Date of Hire: 11/18/25. -No documentation regarding separation/termination in employment. -North Carolina Identification Card issued 4/9/25 with an expiration of 6/12/26. -No evidence of a valid driver's license. - Application for employment signed and dated 11/18/25. -"have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes (check mark)...If yes, please state the nature...DUI (Driving under the influence) 2020 [local county] DUI 2022 [local county as previous DUI]." - Former QP #1 was listed as a reference. -Undated letter of offer for employment signed by Former QP #1 - "This letter is to inform you of the results of your recent criminal history record</p>	V 512	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/09/2026
NAME OF PROVIDER OR SUPPLIER INTEGRATED TREATMENT SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 2329 SPRINGS ROAD NE HICKORY, NC 28601	
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V 512	<p>Continued From page 96</p> <p>check...the records provided did show the information you provided during your interview process. As previously discussed, we have considered the circumstances of your charges/convictions, and they do not interfere with your ability to perform the duties required for your position..."</p> <p>Review on 3/20/26 of Former QP #1's record revealed: -Date of Hire: 9/19/25. -Date of Separation: no documentation of last day of employment. -Job Description: "...Duties Include...Provides direct supervision as needed to ISS (Individual Support Specialist) (facility staff) staff...documents one-hour monthly supervisions for each supervised staff on caseload...and performs other duties as required by the agency..."</p> <p>Review on 3/20/26 of FC #7's record revealed: -Age: 17 years. -Date of Admission: 2/7/26. -Date of Discharge: 3/3/26. -Diagnoses: Post Traumatic Stress Disorder, Unspecified Schizophrenia Spectrum and Other Psychotic Disorder, and Unspecified Depressive Disorder.</p> <p>Interview on 3/20/26 with the local Department of Social Services Child Protective Services (DSS/CPS) Investigator revealed: -Report received on 3/9/26 for "improper supervision." -"Staff #3 was pulled over (by law enforcement (LE))" with FC #7 in the car on 2/24/26 at 11:22pm. -When Staff #3 got pulled over (by LE) with FC #7 in his personal vehicle on 2/24/26 he "was driving</p>	V 512		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/09/2026
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V 512	<p>Continued From page 97</p> <p>while license revoked, going 84 in a 50, reckless endangerment." -"2 different residents (FC #2 and FC #7) gave the same statement about riding around at night (with Staff #3), purchasing drugs, using drugs in the bathroom, clients (FC #2 and FC #7) described a glass pipe in zippered case, [Staff #3] gave them (FC #2 and FC #7) alcohol and marijuana, (FC #7) talked about when he got pulled over (with Staff #3) he was tweaked on meth (methamphetamines)."</p> <p>Review on 3/23/26 of North Carolina Uniform Citation - Court Copy revealed: -Date of incident 2/24/26 at 11:22 pm. -Staff #3 was listed as the defendant. -"What you are charged with... -Count 1...operate a motor vehicle on a street or highway while the defendant's drivers license was revoked for an impaired driving revocation... -Count 2...operate a motor vehicle on a street or highway at a speed of 84 MPH (miles per hour) in a 50MPH zone... -Count 3...without due caution and circumspection and at a speed or in a manner so as to endanger persons and property... -Count 4...operate a motor vehicle on a street or highway in forward motion without having the provided seat belt properly fastened..."</p> <p>Review on 3/23/26 of two different local county district court case summaries revealed: -County #1 - DWI (Driving While Impaired) - Level 2, Reckless driving to endanger, and misdemeanor probation violation - offense date 2/16/19, disposed 8/11/23; Disposition - Not operate a vehicle until properly licensed to do so, surrender driver's license. -County #2 - DWLR (Driving While Licensed Revoked), No liability insurance, possess drug</p>	V 512		
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<p>V 512</p> <p>Continued From page 98</p> <p>paraphernalia - offense date 4/19/23, disposed 4/28/23; Disposition - plead guilty to all charges.</p> <p>Review on 3/25/26 of facility's client transportation logs dated January 2026 to March 2026 revealed:</p> <p>-29 separate instances of Staff #3 having been documented as the driver for having transported clients FC #1, FC #3, FC #5, FC #6, and FC #7. - Former QP #1 signed off as supervisor on the transportation logs.</p> <p>Interview on 3/23/26 with FC #2 revealed: -"Yes I rode with [Staff #3]," while he was driving to different outings. -"[FC #7] got pulled over (by LE) with [Staff #3]..."</p> <p>Interview on 3/25/26 with FC #4 revealed: -"[Staff #3] took me to the park, [local store], and doctor appointments (while Staff #3 drove)." - "[Staff #3] picked me up from hospital the first time (date unknown) I was involuntarily committed while at the facility (Staff #3 drove FC #4 from the hospital to the facility)."</p> <p>Interview on 3/23/26 with FC #5 revealed: -Was in the car while Staff #3 was driving and "would go to stores with [Staff #3]."</p> <p>Interview on 3/23/26 with FC #6 revealed: - Rode in the car while Staff #3 was driving, "one time...went to [local store]."</p> <p>Interview on 3/23/26 with FC #7 revealed: -He was riding in the car with Staff #3 when he got pulled over on 2/24/26, "[LE] pulled him (Staff #3) over." -"Trooper said he (Staff #3) can't be doing stuff like that (driving recklessly) but let him drive back to the house (facility)."</p>	<p>V 512</p>
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V 512	<p>Continued From page 99</p> <p>-When he got pulled over by LE on 2/24/26 while Staff #3 was driving, "Staff #3 took me to a meth plug (drug house), picked his stuff (drugs) up then left (back to facility)."</p> <p>-"Rode around (while Staff #3 drove) with [Staff #3] a lot."</p> <p>Interview on 3/25/26 with FC #8 revealed: -"[Staff #3] took me to the park, stores and other places (while Staff #3 drove)."</p> <p>Attempted interviews with Staff #3 on 3/24/26, 3/26/26, 3/23/26, and 4/6/26 were unsuccessful as he did not respond to text messages and there was no option to leave a voice message.</p> <p>Interview on 4/6/26 with Staff #5 revealed: -Observed Staff #3 transport clients "maybe like 3 times a week while I was there (4pm-12am)." - Staff #3 transported the clients "a good amount of times while I was working (4pm-12am)...a lot would be [FC #7] and [FC #2]...less often taking young kids (clients) out driving."</p> <p>Interviews on 3/23/26 and 4/6/26 with Staff #6 revealed: -Staff #3 "would take (drive) the clients to the park, to the stores, he took [FC #7] and [FC #2] quite often, he (Staff #3) said because they were older and aggravated by younger kids." -"No one stopped him (Staff #3) from transporting the clients (while not having a valid driver's license)." -Observed Staff #3 transport clients "no more than 5 times while I worked 2nd shift (4pm-12am)."</p> <p>Interviews on 3/24/26, 4/6/26 and 4/8/26 with Former QP #1 revealed: -Last day of employment with the facility was</p>	V 512	
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V 512	<p>Continued From page 100</p> <p>2/17/26.</p> <p>-Hired Staff #3 and he "didn't have a license (driver's) upon being hired, he was hired initially for 3rd shift (12am-8am)."</p> <p>"...with all the staff quitting he (Staff #3) worked 1st and 2nd shift."</p> <p>"Was not aware [Staff #3] was transporting clients (without a valid driver's license), I knew the week after we quit (after 2/17/26) that [Staff #3] was driving and notified [Executive Director/Program Director/Owner]."</p> <p>"I never signed off on any transportation logs (with Staff #3 initialed as driver)."</p> <p>"Any (transportation logs) in there with [Staff #3] taking clients anywhere with my signature then that's false."</p> <p>"I signed so much paper (at facility) I am not sure (signing transportation logs), don't know what happened there (transportation logs documented as Staff #3 as the driver with Former QP #1's signature)."</p> <p>Interview on 3/20/26 with QP #2 revealed: - Staff #3 had taken a random urine drug screen on 3/12/26.</p> <p>-Staff #3 "he (Staff #3) had been suspended and then fired for inconclusive drug results."</p> <p>Interview on 3/30/26 with the Business Manager/Consultant revealed:</p> <p>-Was made aware of the allegations against Staff #3 by DSS/CPS.</p> <p>-Staff #3 presented a driver's license to the facility.</p> <p>"We (the facility) kind of went along with what DSS/CPS was doing and accommodating to them and let them take the lead." -The facility did not complete their own investigation. "We did an incident report."</p> <p>-Could not provide an accurate date that Staff #3</p>	V 512		

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INTEGRATED TREATMENT SERVICES	2329 SPRINGS ROAD NE
	HICKORY, NC 28601

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V 512	<p>Continued From page 101</p> <p>provided a drug test for the facility.</p> <p>Interviews on 3/19/26, 3/30/26 and 4/9/26 with the Executive Director/Program Director/Owner revealed:</p> <ul style="list-style-type: none"> -Was not aware of the allegations against Staff #3 from DSS/CPS until 3/18/26. -Former QP #1 was responsible for hiring. -He was "not aware [Staff #3] was driving clients around with no (driver's) license." -"Staff that does not have a (driver's) license should not be transporting clients." -The facility was "taking a pause (on admissions), quality of staff I had was not appropriate." -"I could have been a little more involved (with facility), provided more insight to the facility." -"This venture (owning the facility) was a little more hands on and involved (oversight of staff and facility operations) than I thought it would be, wanted it (facility) to run autonomously. -"I assume we can't report them (to HCPR) until proven (allegations) to be substantiated." -Staff #3 was offered a drug test and the results were inconclusive. <p>Review on 4/6/26 of the Plan of Protection (POP) completed by the Executive Director/Program Director/Owner dated 4/2/26 revealed:</p> <ul style="list-style-type: none"> -"What immediate action will the facility take to ensure the safety of the consumers in your care? 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation/512/Type A1 Administrative Action. When a report of abuse, neglect, harm or exploitation is received, the QP (#2) will make a prompt and thorough assessment, using investigative assessment process, to ascertain the facts of the case, including collecting information concerning the alleged consumer to have been abused or neglected. The QP (#2) will investigate the extent 	V 512		

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<p>V 512</p>	<p>Continued From page 102</p> <p>of the allegation, and the risk of overall harm to the consumer in order to determine whether the appropriate level has been set. When the report alleges serious neglect, the QP (#2) will immediately, but no later than 24 hours after receipt of the report, initiate the assessment. The reporting by ITS (Integrated Treatment Services) (facility) to the Department of Health and Human Services (DHHS) of all allegations against staff as defined in G.S. (General Statute) 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the agency becoming aware of the allegation. The results of the agency's investigation shall be submitted to DHHS in accordance with G.S. 131E256(g). The MCO (Local Management Entity/Managed Care Organization) will be notified by the QP (#2) in writing of any employee, intern, volunteer, or contractor who is under investigation for abuse and/or neglect. This will be done within 48 hours of learning of the investigation. If the QP is under investigation for abuse and/or neglect, the Executive Director/Owner will notify the MCO in writing within 48 hours of learning of the investigation. The agency shall update the MCO with any progress made in the investigation.</p> <p>Describe your plans to make sure the above happens.</p> <ul style="list-style-type: none"> ·ITS will create an incident report log that will consist of Policy and Procedures for Incident reporting. ·ITS will retrain all staff members within the next 7 days on how to complete and report incident reports in a timely manner. ·The QP (#2) will review all incident reports daily. ·The QP (#2) will follow up weekly to ensure incident reports are completed and submitted in a timely manner. 	<p>V 512</p>		
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>MHL018-110</p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING: _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p>C 04/09/2026</p>
<p>NAME OF PROVIDER OR SUPPLIER</p> <p>INTEGRATED TREATMENT SERVICES</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>2329 SPRINGS ROAD NE HICKORY, NC 28601</p>	

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V 512	<p>Continued From page 103</p> <ul style="list-style-type: none"> ·The Executive Director/ Program Director/ Owner review biweekly for the next 90 days to ensure all employees understand and can implement the expectation for completing all incident reports. ·All staff will be retrained with incident reporting which meets DHHS/IRIS (Incident Response Reporting System) standards." <p>Review on 4/8/26 of the amended POP completed by the Executive Director/Program Director/Owner dated 4/8/26 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? 1. Immediate Protection Measures (Implemented Immediately). Effective immediately upon discovery of the allegation, the following actions were taken to ensure client safety: The staff member involved in transporting clients without a valid driver's license was immediately removed from all duties. A facility-wide directive was issued prohibiting any staff from transporting clients unless: A valid driver's license is verified, and Staff are approved on the facility's authorized driver list. All transportation activities were temporarily suspended until compliance verification was completed. A house manager will be assigned to monitor all client movement and transportation needs to ensure safety and compliance. All clients were accounted for and assessed for any harm or risk exposure; no injuries were identified at the time of review (or document findings if applicable). 2. Staff Verification & Credential Audit A 100% audit of all staff files will be completed by House manager or Qualified professional (#2) to verify: Valid Driver's licenses, Insurance requirements (if applicable), Driving eligibility status, A centralized Authorized Driver log has been created and implemented. Any staff without proper credentials were:</p>	V 512		

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V 512	<p>Continued From page 104</p> <p>Immediately restricted from transportation duties, Flagged for follow-up compliance review. 3. Policy Reinforcement & Immediate Re-Training. All Staff will receive a mandatory re-training immediately from House Manager on the following: Transportation policies and procedures, Requirements for operating a vehicle with clients, Client Supervision and safety standards, Neglect definitions and reporting requirements under NC regulations. Staff signed acknowledgment forms confirming understanding and compliance expectations. 4. Supervision & Monitoring Enhancements. A designated supervisor or Qualified Professional (QP) will: Approve all transportation prior to occurrence, Maintain oversight of vehicle usage logs. A Transportation Log System has been implemented including: Driver name, License verification confirmation, Destination and purpose, Departure/return times, Random weekly compliance checks will be conducted by leadership. To ensure sustained compliance: Monthly driver license verification checks will be implemented. Transportation policy will be incorporated into: New Hire orientation, Annual competency training, Quarterly quality assurance audits will include transportation compliance review, Leadership will review all incidents related to client supervision and safety. 8. Responsible Party. Administrator/Program Director: Overall compliance. Qualified Professional (QP)(#2): Staff supervision and training. House Manager: Credential verification and documentation. 9. Date of Full Compliance. All corrective actions outlined in this Plan of Protection will be fully implemented by April 10, 2026."</p> <p>This facility served clients aged 12-17 years with diagnoses which included the following: Oppositional Defiant Disorder; Post Traumatic</p>	V 512		

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V 512	<p>Continued From page 105</p> <p>Stress Disorder; Attention Deficit Hyperactivity Disorder; Disruptive Mood Dysregulation Disorder; Reactive Attachment Disorder; Autism Spectrum Disorder; Unspecified Schizophrenia Spectrum and Other Psychotic Disorder; and Unspecified Depressive Disorder. Former QP #1 was responsible for hiring staff at the facility. Former QP #1 hired Staff #3 with knowledge that he did not have a valid driver's license due to being revoked for a DWI and DWLR. Staff #3 transported FCs #1-#8 between 1/9/26-3/10/26 as evidenced by client interviews and facility transportation logs that were signed off by Former QP #1. Staff #3 was pulled over by LE on 2/24/26 at 11:22pm with FC #7 present in the car with him and received a citation for driving while license revoked, going 84 in a 50, reckless endangerment, and not wearing a seatbelt. Staff #3 continued to transport clients with no driver's license up until at least 3/10/26.</p> <p>This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.</p>	V 512		

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27E .0107 Client Rights - Training on Alt to Rest. Int.

10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS

- (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.
- (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and

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alternatives to Restrictive Interventions:

Director/QP and House Manager will ensure all employee files are reviewed for review and checklists are complete prior to employee starting any shift.

Director/QP will complete the employee checklist of training and training needed. Program Director/QP will inform the House Manager of the employee providing all needed documents to be eligible to start the schedule to work.

Director/QP will monitor employee records every 60 days for

House Manager should ensure that there is a staff that has completed all training on site, at all times that clients are in the facility.

Director/QP will ensure employee records include the following:

- Date of hire
- Criminal background check
- North Carolina Health Care Personnel Registry findings, if any
- Signed job description that includes minimum age, literacy, minimum education, work experience, and all other qualifications required for position and all job duties plainly listed - signed and dated by staff and QP or direct supervisor.
 - This will be maintained in the employee record for duration of employment
- Drivers license
- Education verification
- All training - records of completion upon hire and updated annually or as required by state regs (or federal depending on the strictest time frame)
 - To include: CPR/First Aid (including seizure management), ADA (de-escalation, conflict resolution, etc), Positive Behavioral Supports, Person Centered Thinking, Documentation, Incident Reporting, Abuse/Neglect/Exploitation, Client/Disability Rights, Policies and Procedures of Company, Med Tech, and Bloodborne Pathogens/Infectious Disease, Food Handling etc.
- On the Job Training, or OJT, consists of one full week of work overseen by a house manager to ensure that job duties are understood and completed at a level that shows proficiency.
 - Client specific competency training on each client in the facility will occur during OJT. These will be updated as

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			<p>needed and staff will be trained on updates, as well. Documentation of training will be placed in the client chart.</p> <ul style="list-style-type: none"> ○ Once completed, staff can then be placed on schedule regularly and without restriction. ● All training listed above should be completed before client interaction occurs - this can be referenced as a new-hire orientation conducted by QP or Program Director. OJT can be conducted on the first week on shift but the staff can not work alone prior to documented completion of OJT ● Any coaching/disciplinary action ● Quarterly employee review with house manager, QP, program director
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V 536	<p>Continued From page 106</p> <p>other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for 	V 536	
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V 536	<p>Continued From page 107</p> <p>escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p>	V 536		

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V 536	Continued From page 108 (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.	V 536		

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<p>V 536</p>	<p>Continued From page 109</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 7 audited paraprofessional staff (Business Manager/Consultant) received initial competency-based training in alternatives to restrictive interventions prior to the provision of services. The findings are:</p> <p>An attempted review on 3/20/26 of the Business Manager/Consultant's personnel record revealed: -No personnel record. -No documentation of training in alternatives to restrictive interventions.</p> <p>Interview on 3/23/26 with former client (FC) #2's Department of Social Services Child Protective Services (DSS/CPS) legal guardian revealed: -She "had one face to face interaction (with Business Manager/Consultant) the day we moved her in (to facility), [Business Manager/Consultant] was at facility for intake." -The Business Manager/Consultant was "in charge of the facility, owner of facility."</p> <p>Interview on 3/23/26 with FC #2 revealed: - "[Business Manager/Consultant] was at the home (facility) random times." -"[Business Manager/Consultant] would always be trying to get us (clients) to go to stores with him individually (with no other staff or clients)." - Had observed the Business Manager/Consultant interview "the new white man for the Qualified</p>	<p>V 536</p>		
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-110</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED C 04/09/2026</p>
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V 536	<p>Continued From page 110</p> <p>Professional (QP) (#2) job at the house facility."</p> <p>Interview on 3/24/26 with FC #3 revealed: -The Business Manager/Consultant "came once a week (to facility), he would be checking on staff and checking on us (clients)." -"...(Business Manager/Consultant) sometimes giving us (clients) money (as an allowance)."</p> <p>Interview on 3/25/26 with FC #4 revealed: -"He (Business Manager/Consultant) was there (at facility) probably every week." -"[Business Manager/Consultant] would bring money for us (clients), get money every Friday." - Her "2nd hospital involuntary commitment was [Business Manager/Consultant] who picked me up from the hospital."</p> <p>Interview on 3/23/26 with FC #5's legal guardian/parent revealed: -"[Business Manager/Consultant] was the director of the facility, told by him and staff that he was in charge." -"[Business Manager/Consultant] was there (at facility) on 2/7/26 at intake (FC #5), shook his hand and talked with him for 3 minutes before he left."</p> <p>Interview on 3/23/26 with FC #5 revealed: -The Business Manager/Consultant "was the one who gave us (clients) money for allowance and buying groceries (for facility)." -"Every Friday [Business Manager/Consultant] would give us (clients) the 20 dollars and we would give it to staff to count and put it in an envelope in the staff office (at facility)." -Would see the Business Manager/Consultant at the facility "sometimes on Saturdays and Sundays." -While at the facility the Business</p>	V 536		

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V 536	<p>Continued From page 111</p> <p>Manager/Consultant "talked to me, would say hi, and talk with the staff."</p> <p>Interview on 3/23/26 with FC #6 revealed: -"[Business Manager/Consultant] was the house manager (for facility)." -The Business Manager/Consultant came to the facility and "would bring food...would give us (clients) money if we did our chores...talk to staff and sometimes talk to kids (clients)."</p> <p>Interview on 3/23/26 with FC #7's DSS legal guardian revealed: -"...[Business Manager/Consultant] was the contact person for placement (at facility) and sent me an intake packet to complete for [FC #7]."</p> <p>Interview on 3/23/26 with FC #7 revealed: -The Business Manager/Consultant was "coming to the house (facility) often, saw dude (Business Manager/Consultant) weekly (at facility) easily." - "[Business Manager/Consultant] would pull up in the middle of the night (at facility) and give the little girl [FC #4] [plastic toy]." -When the Business Manager/Consultant was at the facility "he would try to get me to go to places with him...wouldn't go." -"[Business Manager/Consultant] would say he is a consultant (for facility)."</p> <p>Interview on 3/25/26 with FC #8 revealed: -He saw the Business Manager/Consultant "4-5 times in the home (facility)." -"[Business Manager/Consultant] would give us (clients) money after we did our chores." -"Saw him (Business Manager/Consultant) every Friday, he would give the money (for completing chores) to the staff." -"[Business Manager/Consultant] would check in (at facility) and talk with us (clients)."</p>	V 536		

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V 536	<p>Continued From page 112</p> <p>Interview on 3/20/26 with the local Department of Social Services (DSS) Investigator revealed: -It was "clear that [Business Manager/Consultant] does have the interactions with clients and at the home (facility) periodically, drops off supplies, coordinates maintenance for the house, contacted multiple times (by staff) for crisis and gave staff direction to call mobile crisis." -[Staff #3] told me [Business Manager/Consultant] runs the show (facility)."</p> <p>Interview on 3/24/26 with Staff #1 revealed: -[Business Manager/Consultant] was more if we (staff) had had questions about the house (facility) or something going on (client behaviors)." -She would "see him (Business Manager/Consultant) once a week (at facility), he was dropping by bring groceries, supplies (for facility)." -[Business Manager/Consultant] brought money for the clients."</p> <p>Interview on 3/24/26 with Staff #5 revealed: - The Business Manager/Consultant "is the consultant...he helps us (staff) out." -Talked with the Business Manager/Consultant about concerns with 1st shift not enforcing facility rules, "[Business Manager/Consultant] said they would implement a strict policy for the facility (rules for staff)."</p> <p>Interview on 3/23/26 with Staff #6 revealed: -[Business Manager/Consultant] would come in (to facility) and speak to clients and staff." - "[Business Manager/Consultant] was in the home (facility) bringing in groceries." -[Business Manager/Consultant] would talk to the kids (clients), ask how day is going, ask if they</p>	V 536		
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V 536	<p>Continued From page 113</p> <p>need anything."</p> <p>-"[Business Manager/Consultant] is always calling (the facility) and checking up (with staff), seeing if kids (clients) need anything."</p> <p>Interview on 3/24/26 with QP #1 revealed: - "[Business Manager/Consultant] he hired me to be the Qualified Professional (QP)" of the facility. - "[Business Manager/Consultant] was making the decision about which kids (clients) can come (admitted) into the home (facility)." -"[Business Manager/Consultant] was doing the intake with the (client's) care coordinator/guardian then sending me the completed paperwork to sign off on."</p> <p>Interview on 3/30/26 with the Business Manager/Consultant revealed: -He "would come in (to facility) and talk to the House Manager (HM)...ask who gets money (for completing chores)." -"I would give the money to the house manager for clients for completing chores (at facility)." - "If clients were at the home (while he was at the facility) I will talk with them." -Brought toys to the facility for clients, "trying to make the kiddos feel like it (facility) is a home." - "[Former QP #1] and [Former Staff #1] didn't want to pick [Client #4] up, so I went and signed her out picked her up from the hospital (brought back to the facility)." -"Staff would call (Business Manager/Consultant) for crisis interventions..." -"Staff would call me (for client crisis) and I would direct them to call mobile crisis." -Staff were keeping him in the loop with what was going on at the facility because "staff look at the Business Manager like I am on the same level as [Executive Director/Program Director/Owner], don't want to tell staff not to call me...would get</p>	V 536		

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V 536	Continued From page 114 the info and relay it to [Executive Director/Program Director/Owner]." Interview on 4/8/26 with the Executive Director/Program Director/Owner revealed: -The Business Manager/Consultant had not received initial competency based training in alternatives to restrictive interventions prior to the provision of services because "[Business Manager/Consultant] is not really a staff member, not there (at facility) all the time, when I need him at the facility he can be there."	V 536		

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Ashaniel [Signature]
5/7/26
9FEV11



To Whom It May Concern:

Please accept this written response as our official request for the following:

- We ask that you review and accept our mitigation actions to the penalties levied by your office.
- We ask that you wave the administration fee imposed from the finding.
- We ask that you lift the admission suspension currently in place.

We have implemented all action item responses in the POC provided to your team. Below are some of the operational changes put in place.

- To immediately address the substantiated abuse and neglect cases:
 - Terminations of the 2 staff cited in the substantiated abuse case have been conducted by phone call from the Executive Director. They have also received termination letters detailing the grounds of their termination in the mail.
- To prevent future abuse and neglect cases at Integrated:
 - All staff hired at Integrated will be required to take the following training courses during orientation and before any client interaction will occur:
 - Positive Behavior Supports – Relias online
 - Handling Aggressive Behaviors – Relias online
 - ADA (Adaptive De-escalation Alternatives) - over zoom with outside trainer
 - Personal Rights – in person training with Program Director/QIDP
 - Abuse, Neglect, and Exploitation
 - Review of DHHS Directive Number III-5 – Reporting Abuse, Neglect, and Exploitation
 - Critical Incident Definitions and Critical Incident Reporting Procedures – in person with Program Director/QIDP
 - Active Supervision – in person with Program Director/QIDP
 - Continuation of Care and Communication with all Care Team Members – in person with Program Director/QIDP
 - This will cover school communication, homework, physician appointments, work schedules, guardian communication, and social worker communication.
 - All trainings will be detailed in our new Personnel Policy and our OJT Packet.
 - All staff still employed with Integrated have attended an intensive re-training led by the program director. This training included reviews of the following:
 - Abuse, Neglect, and Exploitation
 - Critical Incident Definitions and Reporting Procedures
 - Active Supervision – the training for this and new supervision log introduced are attached to this document.
 - Positive Behavioral Supports
- To ensure all staff are screened, onboarded, and trained correctly:
 - A new policy was put in place to structure hiring, onboarding, and training. This policy discusses what to do and how to document it in employee files.
 - A new OJT packet was created to structure training and document employee progress. This can also be used to hold employees accountable for what they are trained in and give a basis for employee annual review.
 - Job descriptions for each position were redone and will be signed and placed in each employee's file.
- To ensure that consumer admissions are done correctly:
 - A new policy was put in place to structure consumer admissions. This policy discusses what to do and how to document it in the consumer file.



- A new consumer admission packet was designed to address all necessary areas of care for the consumer and to gain information for best supporting the consumer.
- To ensure consumers have person-centered care:
 - All consumers will have an individual support plan that is person-centered and includes as much information as possible from all members of the consumers care team. This would include their supervision requirements, as well as any restrictions put in place from their social worker.
 - Staff will be trained on all of these for each consumer prior to that consumer's official admission and before the staff have any interaction with the consumer.
 - This will ensure that the staff are well trained and have a working knowledge of how best to provide support and serve the consumer in a residential setting.
 - This training will be documented so that all staff can and will be held accountable while conducting themselves with that consumer.
 - It also ensures the consumer's safety, should they be restricted from things like social media or a cell phone.
- To ensure employee and consumer safety in the event of an emergency:
 - A new Emergency Preparedness Plan (a copy is attached) was written to follow all DHSR regulations and to cover all possible emergency situations and how to handle them.
 - Existing staff were trained on this new plan.

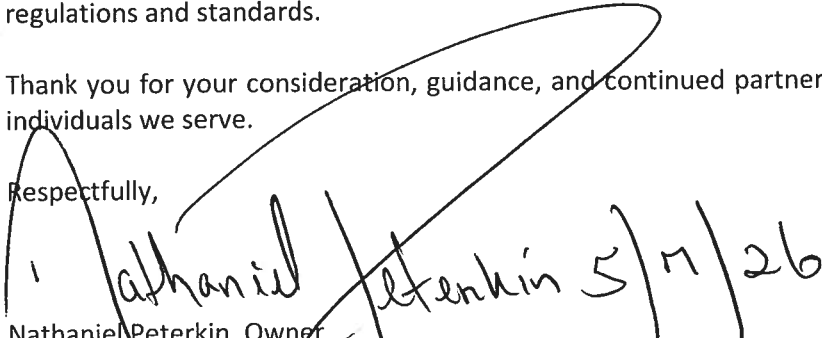
Integrated Treatment Services (ITS) respectfully acknowledges the seriousness of the concerns identified by the State and fully understands its responsibility to ensure the health, safety, supervision, and well-being of every client served. Since notification of these concerns, ITS has taken immediate and corrective action to address identified deficiencies, strengthen oversight systems, reinforce staff accountability, and implement additional safeguards designed to prevent reoccurrence.

ITS remains committed to full regulatory compliance, transparency, and cooperation with NCDHSR. Corrective measures have included enhanced staff training, administrative oversight, policy revision, supervision monitoring, documentation improvements, and implementation of more stringent quality assurance processes. Leadership has also conducted an internal review of operational practices to ensure ongoing compliance and sustained corrective action. While ITS recognizes the State's obligation to protect vulnerable individuals, we respectfully request consideration of the substantial impact that suspension of the license and/or revocation of admissions would have on the clients currently receiving services, their families, employees, and continuity of care within the community. ITS firmly believes the corrective actions already implemented, along with continued monitoring and cooperation with NCDHSR, provide a viable path toward remediation without interruption of services.

ITS is fully prepared to comply with any additional corrective measures, monitoring requirements, reporting obligations, or compliance expectations deemed appropriate by NCDHSR. Our organization remains committed to rebuilding trust, maintaining accountability, and demonstrating measurable and sustained improvement moving forward. We respectfully request the opportunity to continue operating while corrective actions remain in effect and verified, so that ITS may continue serving clients safely and responsibly while demonstrating ongoing compliance with all applicable regulations and standards.

Thank you for your consideration, guidance, and continued partnership in ensuring quality care and protection for the individuals we serve.

Respectfully,


Nathaniel Peterkin, Owner
Integrated Treatment Services