

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-152	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/29/2026
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NAME OF PROVIDER OR SUPPLIER 44 CEDAR LODGE A	STREET ADDRESS, CITY, STATE, ZIP CODE 44 CEDAR LODGE ROAD #A THOMASVILLE, NC 27360
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint, and follow up survey was completed on 4/29/26. The complaint was substantiated (intake #NC00236925). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 2 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
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</p>	V 132	<p>V132 Citing is understood to be a conjunction of multiple actions that were not followed during the investigation of the incident. Reporting any allegation of said unknown injuries were the basis of this complaint and reporting to the Health Care Registry and completing a 5-Day follow up analysis. Measures that will be put in place to correct the deficiency are the reviewed and update to the policy and procedures Policy 7: Incident Reporting. Staff training will be completed detailing the deficiency and where the agency fell short in meeting the requirement. Measures that will be put in place to prevent this issue from re-occurring are the monthly reviews of Policy 7 within our staff meetings and leadership meetings. The Owners, Director and QP will monitor this rule for execution. Daily monitoring of staff and electronic monitoring of charts are being put in place. Additionally, we have directed the QP to maintain weekly chart reviews.</p>	5/5/2026

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

Natalie Thompson TITLE *PS, QP*

DHSR-MH Licensure Unit DATE *5/5/2026*

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V 132	<p>Continued From page 1</p> <p>a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to report an allegation against health care personnel to the Health Care Personnel Registry (HCPR) for 1 of 3 audited paraprofessional staff (staff #5). The findings are:</p> <p>Review on 4/21/26 of the facility's internal report dated 4/4/26 revealed: - Completed by: the Qualified Professional - "This report serves as an overview and documentation for [client #2] and his recent hospitalization on today, 4/4/2026. [Client #2] was physically seen this morning with bruised ear lobes and a bruised eye and low blood sugar levels. [Staff #5] report that he (client #2) was assisted going to the bathroom overnight around midnight and then while trying to get himself up, he fell off the toilet into the wall. No bruises were noticed immediately. Upon waking him (client #2) up due to low blood sugar levels that were being monitored on his sensor device, Staff (staff #5) noticed bruising on his (client #2's) ears and eye area... - [The Licensee] arrived at the home and noticed his (client #2's) ears and eye and checked his diabetes numbers and decided to take him to the ER (Emergency Room) to be seen in person. [Client #2] had a previous scheduled appointment the same day at 1pm for a CT (Computed</p>	V 132		

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V 132	Continued From page 2 Tomography) scan as well due to reported history of being lathargic." Interview on 4/27/26 with the Qualified Professional revealed: - She did not submit a 5-day report for the 4/4/26 incident involving Client #2's bruising and hospital visit.	V 132		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court	V 291	V291 deficiency will be corrected by getting detailed physician orders of all clients. The physician orders will assist the agency with exact timeframes to record the glucose levels or any other monitoring that is being completed for a client. Staff training will be completed on 5/9/2026 to make clear of how to go forth with better documentation for the clients and anything that is being monitored for them. Gathering of the physician orders specific to each client that consists of detailed instructions on how to monitor the client's needs correctly and follow these orders with training and documentation will be key to preventing this situation from re-occurring. Monitoring of this request will be assigned to QP, Director or nursing staff to ensure oversight is completed and staff are trained properly, performing correctly and documenting correctly on behalf of the client. This monitoring will take place daily to ensure the agency has adequate information to then present back to the prescribing physician if any changes are needing to be made to their order.	5/5/2026

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V 291	<p>Continued From page 3</p> <p>or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review, and interview, the facility failed to coordinate services for 1 of 2 clients (#2). The findings are:</p> <p>Review on 4/23/26 of client #2's Record revealed: - He was a type 2 diabetic who was insulin dependent. - There was no documentation of client #1's blood glucose levels.</p> <p>Interview on 4/27/26 with the Licensee revealed: - The staff "was monitoring the readings" on client #2's continuous glucose monitor. - The staff did not write down client #2's glucose levels.</p>	V 291		
V 318	<p>130 .0102 HCPR - 24 Hour Reporting</p> <p>10A NCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).</p>	V 318		

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V 318	Continued From page 4 This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to report an allegation of neglect to the Health Care Personnel Registry (HCPR) within 24 hours of becoming aware of the allegation(s). The findings are: Review on 4/21/26 of the facility's internal report dated 4/4/26 revealed: - Completed by: the Qualified Professional - "This report serves as an overview and documentation for [client #2] and his recent hospitalization on today, 4/4/2026. [Client #2] was physically seen this morning with bruised ear lobes and a bruised eye and low blood sugar levels. [Staff #5] report that he (client #2) was assisted going to the bathroom overnight around midnight and then while trying to get himself up, he fell off the toilet into the wall. No bruises were noticed immediately. Upon waking him (client #2) up due to low blood sugar levels that were being monitored on his sensor device, Staff (staff #5) noticed bruising on his (client #2's) ears and eye area... - [The Licensee] arrived at the home and noticed his (client #2's) ears and eye and checked his diabetes numbers and decided to take him to the ER (Emergency Room) to be seen in person. [Client #2] had a previous scheduled appointment the same day at 1pm for a CT (Computed Tomography) scan as well due to reported history of being lathargic." Interview on 4/27/26 with the Qualified	V 318	V318 Citing is understood to be a conjunction of multiple actions that were not followed during the investigation of the incident. Reporting any allegation of said unknown injuries were the basis of this complaint and completing the initial report and sending it within the IRIS system. Measures that will be put in place to correct the deficiency are the reviewed and update to the policy and procedures Policy 7: Incident Reporting. Staff training will be completed detailing the deficiency and where the agency fell short in meeting the requirement. Agency will ensure at the start of the internal investigation, the initial report will be put in the system. Measures that will be put in place to prevent this issue from re-occurring are the monthly reviews of Policy 7 within our staff meetings and leadership meetings. The Owners, Director and QP will monitor this rule for execution. Daily monitoring of staff and electronic monitoring of charts is being put in place and will be completed by the leadership team. Additionally, we have directed the QP to maintain daily reviews and end of week chart reviews.	5/5/2026

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V 318	Continued From page 5 Professional revealed: - She did not submit a report to HCPR within 24 hours of becoming aware of the 4/4/26 incident involving Client #2's bruising and hospital visit.	V 318		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence	V 364	V364 Citing will be corrected by completing staff training reviewing the information on Policy 1.1 Individual Rights that each client has and may participate in knowing and practicing their rights. Also any restrictions that the legal guardians wish to have should be in writing and overseen by the treatment team. The prevention of re-occurrences will be the review of Policy 1.1, within the monthly staff trainings for understanding of the policy with leadership and staff. Also, explaining to the clients their rights will also assist in preventing this issue from re-occurring. The Owner will monitor continuously this policy for any updates that may need to occur. The QP will ensure compliance and that if any restrictions were to ever be needed, that it will be in writing with the treatment team, legal guardian and MCOs. This monitoring will take place continuously and met with leadership monthly.	5/5/2026

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V 364	<p>Continued From page 6</p> <p>over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S.</p>	V 364		

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V 364	<p>Continued From page 7</p> <p>122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long</p>	V 364		

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V 364	<p>Continued From page 8</p> <p>distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of</p>	V 364		

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V 364	<p>Continued From page 9</p> <p>each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure clients were able to make telephone calls and receive visitors affecting 1 of 2 clients (#2). The findings are:</p> <p>Review on 4/21/26 of client #2's record revealed: - Date of Admission: 2/13/26 - Diagnoses: Impulse Control Disorder; Traumatic Brain Injury; and Moderate Intellectual Disability</p> <p>Review on 4/21/26 of the facility's "Communication Rights" revealed:</p>	V 364		

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V 364	<p>Continued From page 10</p> <p>- "...Adult individuals shall have access to telephones in private areas, when requested by the client."</p> <p>Review on 4/21/26 of the facility's "Visitation and Tour Policy" revealed:</p> <p>- "Members of a individual's immediate family or his/her guardian, friends/natural supports may visit at any time at any time on any day without prior notice of any visit, unless contraindicated in writing by the Treatment Team."</p> <p>Review on 4/22/26 of the text messages between client #2's family member and Qualified Professional dated 2/20/26 revealed:</p> <p>- Client #2's family member: "My niece was thinking of visiting [client #2] this weekend...Would it be ok for her to visit? If so does Saturday and Sunday afternoon work? Which is best?"</p> <p>- The Qualified Professional: "Good day to you. At the moment, we wouldn't be able to accommodate a visit just yet. [Client #2] still has not been fully acclimated..."</p> <p>Interview on 4/27/26 with the Qualified Professional revealed:</p> <p>- "We asked that the family not make any direct phone calls with [client #2] for about a week or so."</p> <p>- The clients were not permitted to have cell phones.</p> <p>- Client #2's family members were asked not to visit initially.</p> <p>- (She asked the family) to give him (client #2) "a week or so settle in before the family visited."</p> <p>Interview on 4/27/26 with the Licensee revealed:</p> <p>- He had talked to client #2's aunt and told her "in beginning he needed a transition period without</p>	V 364		

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V 364	Continued From page 11 visits. We try to hold off on visits initially." - The clients were not allowed to have their own cell phones. - Client #2 was not allowed to make telephone calls to his family members "for about a week." - "We do this (not allow clients to make telephone calls) to try to get them acclimated."	V 364		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.	V 366	V366 Citing is understood to be a conjunction of multiple actions that were not followed during the investigation of the incident. Reporting any allegation of said unknown injuries were the basis of this complaint and completing the initial analysis and reporting to the MCO of any incident. Measures that will be put in place to correct the deficiency are the reviewed and update to the policy and procedures Policy 7: Incident Reporting. Staff training will be completed detailing the deficiency and where the agency fell short in meeting the requirement. Agency will ensure at the start of the internal investigation, the initial report will be put in the system and alerting MCOs. Measures that will be put in place to prevent this issue from re-occurring are the monthly reviews of Policy 7 within our staff meetings and leadership meetings. The Owners, Director and QP will monitor this rule for execution. Daily monitoring of staff and electronic monitoring of charts is being put in place and will be completed by the leadership team. Additionally, we have directed the QP to maintain daily reviews and end of week chart reviews.	5/5/2026

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V 366	<p>Continued From page 12</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose</p>	V 366		

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V 366	<p>Continued From page 13</p> <p>catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to immediately notify the Local Management Entity/Managed Care Organization (LME/MCO) within the facility's catchment area of all Level II incidents. The findings are:</p> <p> </p> <p>Review on 4/21/26 of the facility's internal report</p>	V 366		

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V 366	Continued From page 14 dated 4/4/26 revealed: - Completed by: the Qualified Professional - "This report serves as an overview and documentation for [client #2] and his recent hospitalization on today, 4/4/2026. [Client #2] was physically seen this morning with bruised ear lobes and a bruised eye and low blood sugar levels. [Staff #5] report that he (client #2) was assisted going to the bathroom overnight around midnight and then while trying to get himself up, he fell off the toilet into the wall. No bruises were noticed immediately. Upon waking him (client #2) up due to low blood sugar levels that were being monitored on his sensor device, Staff (staff #5) noticed bruising on his (client #2's) ears and eye area... - [The Licensee] arrived at the home and noticed his (client #2's) ears and eye and checked his diabetes numbers and decided to take him to the ER (Emergency Room) to be seen in person. [Client #2] had a previous scheduled appointment the same day at 1pm for a CT (Computed Tomography) scan as well due to reported history of being lathargic." Interview on 4/27/26 with the Qualified Professional revealed: - Did not have documentation regarding attending to the health and safety needs of client #2 involved in the incident; did not determine the cause of the incident; did not develop and implement corrective measures; did not develop and implementing measures to prevent similar incidents; did not assign persons to be responsible for implementation of the corrections and preventative measures.	V 366		
V 367	27G .0604 Incident Reporting Requirements	V 367		

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V 367	<p>Continued From page 15</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit,</p>	V 367	<p>V367 Citing is understood to be a conjunction of multiple actions that were not followed during the investigation of the incident. Reporting any allegation of said unknown injuries were the basis of this complaint and completing the initial report, 5 day follow up and sending all information within the IRIS system. Measures that will be put in place to correct the deficiency are the reviewed and update to the policy and procedures</p> <p>Policy 7: Incident Reporting. Staff training will be completed detailing the deficiency and where the agency fell short in meeting the requirement. Agency will ensure at the start of the internal investigation, the initial report will be put in the system. Measures that will be put in place to prevent this issue from re-occurring are the monthly reviews of Policy 7 within our staff meetings and leadership meetings. The Owners, Director and QP will monitor this rule for execution. Daily monitoring of staff and electronic monitoring of charts is being put in place and will be completed by the leadership team. Additionally, we have directed the QP to maintain daily reviews and end of week chart reviews.</p>	5/5/2026

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V 367	<p>Continued From page 16</p> <p>upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1)</p>	V 367		

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V 367	<p>Continued From page 17 through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to submit Level II incident report to the Local Management Entity (LME)/ Managed Care Organizations (MCO) within 72 hours as required. The findings are:</p> <p>Review on 4/21/26 of the Incident Response Improvement System (IRIS) revealed: - There was not a report in IRIS regarding the 4/4/26 incident of client #2 was transported to the hospital with unexplained injuries and received medical treatment.</p> <p>Review on 4/21/26 of the facility's internal report dated 4/4/26 revealed: - Completed by: the Qualified Professional - "This report serves as an overview and documentation for [client #2] and his recent hospitalization on today, 4/4/2026. [Client #2] was physically seen this morning with bruised ear lobes and a bruised eye and low blood sugar levels. [Staff #5] report that he (client #2) was assisted going to the bathroom overnight around midnight and then while trying to get himself up, he fell off the toilet into the wall. No bruises were noticed immediately. Upon waking him (client #2) up due to low blood sugar levels that were being monitored on his sensor device, Staff (staff #5) noticed bruising on his (client #2's) ears and eye area...</p>	V 367		

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V 367	Continued From page 18 - [The Licensee] arrived at the home and noticed his (client #2's) ears and eye and checked his diabetes numbers and decided to take him to the ER (Emergency Room) to be seen in person. [Client #2] had a previous scheduled appointment the same day at 1pm for a CT (Computed Tomography) scan as well due to reported history of being lathargic." Interview on 4/27/26 with the Qualified Professional revealed: - She did not submit an IRIS report for the 4/4/26 incident involving Client #2's bruising and hospital visit. - "Definitely should have done that (IRIS report)."	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy	V 500	V500 Citing is understood to be a conjunction of multiple actions that were not followed during the investigation of the incident. Reporting any allegation of said unknown injuries were the basis of this complaint and completing report and alerting Department of Social Services at the time of the investigation. Measures that will be put in place to correct the deficiency are the reviewed and update to the policy and procedures Policy 7: Incident Reporting. Staff training will be completed detailing the deficiency and where the agency did not meet the requirement. Agency will ensure at the start of the internal investigation, the initial report will be put in the system. Measures that will be put in place to prevent this issue from re-occurring are the monthly reviews of Policy 7 within our staff meetings and leadership meetings. The Owners, Director and QP will monitor this rule for execution. Daily monitoring of staff and electronic monitoring of charts is being put in place and will be completed by the leadership team. Additionally, we have directed the QP to maintain daily reviews and end of week chart reviews.	5/5/2026

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V 500	<p>Continued From page 19</p> <p>that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p>	V 500		

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V 500	<p>Continued From page 20</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure allegations of abuse were reported to the County Department of Social Services (DSS) affecting 1 of 2 current clients (client #2). The findings are:</p> <p>Review on 4/21/26 of the facility's internal report dated 4/4/26 revealed: - Completed by: the Qualified Professional - "This report serves as an overview and documentation for [client #2] and his recent hospitalization on today, 4/4/2026. [Client #2] was physically seen this morning with bruised ear lobes and a bruised eye and low blood sugar levels. [Staff #5] report that he (client #2) was assisted going to the bathroom overnight around midnight and then while trying to get himself up, he fell off the toilet into the wall. No bruises were noticed immediately. Upon waking him (client #2) up due to low blood sugar levels that were being monitored on his sensor device, Staff (staff #5) noticed bruising on his (client #2's) ears and eye area...</p> <p>- [The Licensee] arrived at the home and noticed his (client #2's) ears and eye and checked his diabetes numbers and decided to take him to the ER (Emergency Room) to be seen in person. [Client #2] had a previous scheduled appointment the same day at 1pm for a CT (Computed Tomography) scan as well due to reported history of being lathargic."</p> <p>Interview on 4/27/26 with the Qualified Professional revealed: - She did not report to the County Department of Social Services the 4/4/26 incident involving Client #2's bruising and hospital visit.</p>	V 500		

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