STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl018-050	A. BUILDING: _____ B. WING _____	R 04/24/2026

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 4/24/26. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall	V 110		

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V 110	Continued From page 1 develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 5 paraprofessional staff (Former Staff (FS) #4) failed to demonstrate the knowledge, skills, and abilities required for the population served. The findings are: Review on 4/22/26 of FS #4's personnel record revealed: -Date of hire: 8/2/23 as a direct support professional/site supervisor. -Disciplinary actions: -verbal warning on 6/17/25 professional conduct. -written warning on 11/12/25 professional conduct. -final warning on 12/24/25 professional conduct. -Date of suspension and last day working for the Licensee: 2/16/26. -Date of termination: 3/2/26 for "violation of standards of conduct 11.2 A3 Fighting with and abusive, disrespectful or threatening conduct or speech toward any individual(s) we serve, fellow employee(s), supervisory employees, vendors or visitors." Review on 4/22/26 of Incident Response Improvement System (IRIS) report dated 2/23/26 involving Client #2 and FS #4 completed by the	V 110		

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V 110	Continued From page 2	V 110		

Qualified Professional (QP) revealed:
-Date of incident 1/9/26.
-Date provider learned of incident 2/16/26.
-" ...member reported to one to one work (worker) that site supervisor had hit him ...site supervisor was suspended for investigation. Investigator was unable to substantiate abuse allegation."

Review on 4/22/26 of Licensee's Investigative Summary revealed:
-"Introduction: On 02/16/26, [QP] received a phone call from [Managed Care Organization's care coordinator for Client #2] to inquire about an abuse allegation made in January (2026) by [Client #2] to his periodic worker [from another provider agency]. The complaint made was that site supervisor [FS #4] hit [Client #2] in the head ..."
-"Conclusion: Based on testimonies and document reviews, the allegation that [FS #4] physically abused [Client #2] is unable to be determined based on lack of evidence and conflicting testimonies. The allegation that [FS #4] verbally abused [Client #2] is unable to be determined due to lack of evidence and conflicting testimonies. However, it was proven and substantiated through testimonies that [FS #4] had inappropriate verbal interactions with [Client #2]. The allegation that [FS #4] and [FS #5] failed to report physical aggression by [Client #2] was substantiated through testimonies and admission of those involved ..."

Interview on 4/21/26 with Client #2 revealed:
-Lived at the facility for almost 3 years.
-"Staff treat me pretty good except for [FS #4] but she's been gone 2-3 months."
-"[FS #4] pushed me 3 times ...was having a heated disagreement ...she told me to keep my mouth shut (about confrontation) or she'd call the

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V 110	Continued From page 3 cops ...she was ex-police and still had connections to the police ...I was afraid when she would came in ...I feel safe now ..." Interview on 4/21/26 with the Qualified Professional (QP) revealed: -"[Client #2]'s story is basically the same every time he tells it." -FS #4 had been written up several times for "attitude issues." -Client #2 told his 1:1 job coach who told his supervisor who called the care coordinator, "who then called me." -FS #4 did admit to cussing Client #2 but did not admit hitting or pushing him. Interview on 4/22/26 with the Program Manager revealed: -All new employees have abuse/neglect/exploitation training in orientation then annually. -FS #4 was no longer employed with the Licensee. -Additional staff training for abuse/neglect/exploitation and reporting was scheduled for May staff meeting.	V 110		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME	V 367		

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V 367	Continued From page 4	V 367		

responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:
(1) reporting provider contact and identification information;
(2) client identification information;
(3) type of incident;
(4) description of incident;
(5) status of the effort to determine the cause of the incident; and
(6) other individuals or authorities notified or responding.
(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(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

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V 367	Continued From page 5	V 367		

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).
(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:
(1) medication errors that do not meet the definition of a level II or level III incident;
(2) restrictive interventions that do not meet the definition of a level II or level III incident;
(3) searches of a client or his living area;
(4) seizures of client property or property in the possession of a client;
(5) the total number of level II and level III incidents that occurred; and
(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.

This Rule is not met as evidenced by:
Based on record review and interview the facility

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V 367	Continued From page 6 failed to report Level II incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity/Managed Care Organization (LME/MCO) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are: Review on 4/21/26 of 24 hour initial report to Health Care Personnel Registry (HCPR) dated 2/17/26 signed by the QP revealed: -"Client (Client #2) states she (FS #4) pushed him and hit him with her fist. He also states she cursed him." Review on 4/22/26 of Incident Response Improvement System (IRIS) report dated 2/23/26 involving Client #2 and FS #4 completed by the Qualified Professional (QP) revealed: -Date of incident 1/9/26. -Date provider learned of incident 2/16/26. -" ...member reported to one to one work (worker) that site supervisor had hit him ...site supervisor was suspended for investigation. Investigator was unable to substantiate abuse allegation." Interview on 4/23/26 with IRIS Customer Service Manager revealed: -IRIS report indicated incident occurred on 1/9/26 and was discovered on 2/16/26. -The IRIS report was not complete; no client incident information; allegation of abuse, neglect, exploitation was not checked and there was no attached investigative report; HCPR section was not completed and no 24 hour report or 5 day report was attached. -The IRIS was not submitted within the required 72 hours. Interview on 4/21/26 with the Qualified	V 367		

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V 367	Continued From page 7 Professional (QP) revealed: -"I completed an IRIS ...automatically goes to HCPR ..." -"I did all the reporting; 24 hour report, 5 day report, IRIS and called DSS (Department of Social Services)." Interview on 4/23/26 with the Program Manager revealed: -Would be retraining on reporting requirements with the QPs.	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 that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances	V 500		

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V 500	Continued From page 8 under which staff are prohibited from restricting the rights of a client. (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: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (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: (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); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure an incident of alleged	V 500		

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exploitation was reported to the county's Department of Social Services (DSS). The findings are:

Review on 4/22/26 of Former Staff #4's personnel record revealed:
-Date of hire: 8/2/23.
-Date of suspension: 2/16/26.
-Date of termination: 3/2/26.

Review on 4/21/26 of 5 working day report to Health Care Personnel Registry dated 2/23/26 and signed by the Qualified Professional (QP) revealed:
-"Allegation type, resident abuse ...resident (Client #2) states [FS #4] struck him in back of head with fist 3 times and shoved him."
-"Action Taken: suspended until investigation is final."
-"Incident reported to County Department of Social Services? 'No'" box was checked.

Interview on 4/21/26 with QP revealed:
-"I called DSS" but could not locate any documented evidence.

Interview on 4/22/26 with the Program Manager revealed:
-"The QP was responsible for doing all reporting because it is her house, her staff and her member."
-Will be reviewing reporting requirements with all staff.