

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL098-216</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>05/13/2026</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HIGHER HEIGHTS FAMILY SERVICES</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2100 COTTON CIRCLE SE<br/>WILSON, NC 27893</b> |
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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 000              | <p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on May 13, 2026. The complaint was substantiated (intake #NC 00236988). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p> <p>This facility is licensed for 6 and has a current census of 4. The survey sample consisted of audits of 3 current clients and 1 former client.</p>  | V 000         |   |                    |
| V 300              | <p>27G .1708 Residential Tx. Child/Adol - Trans or dischg</p> <p>10A NCAC 27G .1708 TRANSFER OR DISCHARGE</p> <p>(a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility.</p> <p>(b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule.</p> <p>(c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent</p> | V 300         |   |                    |

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

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| V 300              | <p>Continued From page 1</p> <p>from the facility.</p> <p>(d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized.</p> <p>(e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to ensure a service planning meeting was held within five business days of an emergency discharge affecting 1 of former clients (FC) (#5). The findings are:</p> <p>Review on 05/13/26 of FC #5's record revealed:</p> <ul style="list-style-type: none"> <li>- 17 year old male.</li> <li>- Admission date of 04/03/26.</li> <li>- Diagnoses of Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder.</li> <li>- Discharge date of 04/03/26.</li> </ul> <p>Review on 05/13/26 of a "Discharge / Transfer Summary Report" for FC #5 revealed:</p> <ul style="list-style-type: none"> <li>- Admission date:</li> <li>- Discharge date: 04/03/26.</li> <li>- Time of discharge: 8:25pm</li> </ul> <p>Review on 05/13/26 of an undated facility "Transition / Emergency Discharge Summary" for FC #5 revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 04/03/26.</li> </ul> | V 300         |   |                    |

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| V 300              | Continued From page 2<br><br>- Discharge date: 04/03/26.<br>- "Transition / Discharge Meeting A transition meeting was conducted via [video] on April 13, 2026 at 3:00pm."<br>- FC #5's treatment team members were in attendance.<br><br>Interview on 05/13/26 the Chief Executive Officer stated:<br>- FC #5 arrived on 04/03/26 and left the same day.<br>- FC #5 wanted to go back to the hospital.<br>- Emergency discharge completed 04/03/26.<br>- A meeting with FC #5's team members was completed on 04/13/26.<br>- She was now aware to ensure a service planning meeting was held within five business days of an emergency discharge.   | V 300         |   |                    |
| V 367              | 27G .0604 Incident Reporting Requirements<br><br>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(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: | V 367         |   |                    |

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| V 367              | <p>Continued From page 3</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C</p> | V 367         |   |                    |

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| V 367              | <p>Continued From page 4</p> <p>.0300 and 10A NCAC 27E .0104(e)(18).<br/>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to notify the Local Management Entity/Managed Care Organization (LME/MCO) of a level II incident as required. The findings are:</p> <p>Review on 05/13/26 of the North Carolina Incident Response Improvement System (IRIS) revealed no Level II incident report had been submitted for former client (FC) #5's elopement and law</p> | V 367         |   |                    |

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| V 367              | <p>Continued From page 5</p> <p>enforcement involvement on 04/03/26.</p> <p>Review on 05/13/26 of FC #5's record revealed:</p> <ul style="list-style-type: none"> <li>- 17 year old male.</li> <li>- Admission date of 04/03/26.</li> <li>- Diagnoses of Oppositional Defiant Disorder and Attention Deficit Hyperactivity Disorder.</li> <li>- Discharge date of 04/03/26.</li> </ul> <p>Review on 05/13/26 of a facility "Critical Incident Report" completed for FC #5 revealed:</p> <ul style="list-style-type: none"> <li>- Date of incident: 04/03/26.</li> <li>- Time of incident: 8:25pm.</li> <li>- Incident type: Elopement Attempt, Threatening Behavior/Aggression, Refusal of Services, Discharge/Transfer Event and Behavioral Escalation.</li> <li>- Detailed Incident Description: "The consumer (FC #5) eloped from the facility and was safely redirected back by staff. Upon return, the consumer continued threatening to elope and requested police/EMS (Emergency Medical Services) transport to a hospital. Despite continued efforts, the consumer remained resistant, presenting a safety risk to self, peers, and staff."</li> </ul> <p>Interview on 05/13/26 the Chief Executive Officer stated:</p> <ul style="list-style-type: none"> <li>- FC #5 arrived on 04/03/26 and left the same day.</li> <li>- FC #5 wanted to go back to the hospital.</li> <li>- Emergency discharge completed 04/03/26.</li> <li>- She completed an incident report.</li> <li>- She had not completed an IRIS report for a consumer act which required law enforcement involvement.</li> </ul> | V 367         |   |                    |