

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/21/2026
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NAME OF PROVIDER OR SUPPLIER KRYSTAL'S HOUSE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 83 WHITE HORSE RD PIKEVILLE, NC 27863
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on May 21, 2026. The complaint was substantiated (intake #NC00236892). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of an audit of 2 current clients and 1 former client.</p>	V 000		
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;</p> <p>(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 _____

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V 105	<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;</p> <p>(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>	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement their policy for screening and admission for 1 of 1 audited former clients (FC) (#4). The findings are:</p> <p>Review on 05/20/26 of a facility client census completed by staff #4 on 05/20/26 revealed: - FC #4 was listed as a discharge client.</p> <p>Review on 05/20/26 and 05/21/26 of facility records for FC #4 revealed: - Admission note from the nurse on 05/06/26. - No admission screening or assessment to determine if the facility was able to meet FC #4's needs. - A post fall nursing assessment on 05/10/26.</p> <p>Interview on 05/20/26 the Licensee/Registered Nurse/Qualified Professional stated: - FC #4 was admitted for "respite" for a few days. - The nurse had completed an admission note. - He had not completed an assessment or screening for FC #4. - FC #4 was discharged on 05/10/26 after a fall.</p>	V 105		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a</p>	V 111		

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V 111	<p>Continued From page 3</p> <p>client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ul 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 detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an admission assessment was completed for one of two clients (#1) prior to the delivery of services. The findings are:</p> <p>Review on 05/20/26 of client #1's record</p>	V 111		

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V 111	<p>Continued From page 4</p> <p>revealed:</p> <ul style="list-style-type: none"> -Date of Admission: 04/13/26 -Diagnoses of Schizophrenia, Diabetes, Hypertension, Unspecified Mood Disorder, Anxiety and Migraines. - FL-2 dated 03/17/26. -No evidence that an admission assessment was completed prior to the delivery of services to include: presenting problems, needs, strengths, strategies or pertinent social, family and medical history. <p>Interview on 05/20/26 the Licensee/Registered Nurse/Qualified Professional stated:</p> <ul style="list-style-type: none"> - There had not been an admission assessment to determine presenting problems, needs, strengths, strategies or pertinent social, family and medical history prior to client #1's admission. - He would follow up to ensure correct documentation was maintained for new admissions. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 111		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <ul style="list-style-type: none"> (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; <p>(2) documentation of mental illness,</p>	V 113		

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V 113	<p>Continued From page 5</p> <p>developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain complete records for 1 of 1 audited former clients (FC) (#4)). The findings are:</p>	V 113		

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V 113	<p>Continued From page 6</p> <p>Review on 05/20/26 of a facility client census completed by staff #4 on 05/20/26 revealed: - FC #4 was listed as a discharge client.</p> <p>Review on 05/20/26 and 05/21/26 of facility records for FC #4 revealed: - Admission note from the nurse on 05/06/26. - No admission screening or assessment to determine if the facility was able to meet FC #4's needs. - A post fall nursing assessment on 05/10/26. - No emergency consent, no diagnoses documented or medical orders.</p> <p>Interview on 05/20/26 the Licensee/Registered Nurse/Qualified Professional stated: - FC #4 was admitted for "respite" for a few days. - The nurse had completed an admission note. - FC #4 was discharged on 05/10/26 after a fall.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 113		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility</p>	V 114		

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V 114	<p>Continued From page 7</p> <p>shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were conducted quarterly and repeated on each shift. The findings are:</p> <p>Review on 05/20/26 and 05/21/26 of facility records from 10/01/25 thru 05/01/26 revealed: - No documented fire or disaster drills.</p> <p>Review on 05/20/26 of client #2's record revealed: - Admission date of 10/22/25. - Currently at an acute hospital.</p> <p>Interview on 05/20/26 staff #1 stated fire and disaster drills had not started yet.</p> <p>Interview on 05/20/26 staff #4 stated: - Shifts at the facility were 1 staff worked 7 days on and was off 7 days. - Staff also worked 8am to 4pm and then 4pm until 8am. - The facility started serving clients September 2026.</p> <p>Interview on 05/20/26 the Licensee/Registered Nurse/Qualified Professional understood fire and disaster drills needed to be completed quarterly and repeated on each shift.</p>	V 114		

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V 116	Continued From page 8	V 116		
V 116	<p>27G .0209 (A) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(a) Medication dispensing:</p> <p>(1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe.</p> <p>(2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing.</p> <p>(3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.</p> <p>(4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p>	V 116		

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V 116	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were dispensed only on the written order of a physician for 1 of 2 clients (#1). The findings are:</p> <p>Review on 05/20/26 of client #1's record revealed:</p> <ul style="list-style-type: none"> -Date of Admission: 04/13/26 -Diagnoses of Schizophrenia, Diabetes, Hypertension, Unspecified Mood Disorder, Anxiety and Migraines. - FL-2 dated 03/17/26. - Medication orders dated 03/19/26 for the following medications: - Loratadine (allergies) 10 milligrams (mg) - once daily. - Synthroid (thyroid) 0.1mg - once daily before breakfast. - Terbinafine (antifungal) 250mg - once daily. - Metformin (diabetes) 500mg - twice daily. - Losartan (blood pressure) 50mg - once daily. - Buspirone (anxiety) 15mg - three times daily. - Propranolol (blood pressure) 20mg - three times daily. - Amitriptyline (psychotropic) 25mg - once at bedtime. - Atorvastatin (cholesterol) 10mg - once at bedtime. <p>Observation on 05/20/26 at approximately 11:15am of client #1's medications revealed:</p> <ul style="list-style-type: none"> - a weekly pill planner with different color and sizes of pills inside. <p>Interview on 05/20/26 staff #4 stated:</p> <ul style="list-style-type: none"> - She and the Licensee/Registered Nurse 	V 116		

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V 116	Continued From page 10 (RN)/Qualified Professional (QP) were the only staff that administered medications at the facility. - The facility used a local long term pharmacy for medications. - She was not aware of any medication issues. - She used the pill planner which was filled by the Licensee/RN/QP. - She understood only a physician or pharmacist could dispense the medications. Interview on 05/20/26 the Licensee/RN/QP stated he was not aware a 7 day pill planner could not be used to dispense medications.	V 116		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug;	V 118		

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V 118	<p>Continued From page 11</p> <p>(D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to administer medications on the written order of a physician and failed to keep the MARs current for 1 of 1 audited former clients (FC) (#4). The findings are:</p> <p>Review on 05/20/26 of a facility client census completed by staff #4 on 05/20/26 revealed: - FC #4 was listed as a discharge client.</p> <p>Review on 05/20/26 of an admission note by a facility Registered Nurse (RN) revealed: - Date 05/06/26. - Admission date 05/06/26. - "Medications unable to be fully verified at time of admission, as medications were pre-poured by family into label medication boxes organized by day and administration time..."</p> <p>Review on 05/20/26 and 05/21/26 of facility records for FC #4 revealed: - No medication orders. - No MARs from her admission.</p> <p>Interview on 05/20/26 the Licensee/RN/Qualified</p>	V 118		

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V 118	Continued From page 12 Professional stated: - FC #4 was admitted for "respite" for a few days. - The facility RN had completed an admission note. - He did not have any medication orders or MARs for FC #4. - FC #4 was discharged on 05/10/26 after a fall. - He was aware all medications needed to be administered on the written order of a physician and MARs needed to be current. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a	V 289		

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NAME OF PROVIDER OR SUPPLIER KRYSTAL'S HOUSE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 83 WHITE HORSE RD PIKEVILLE, NC 27863
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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 289	Continued From page 13 developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).	V 289		

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V 289	<p>Continued From page 14</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the facility operated as licensed for 1 of 1 former clients (FC) (#4) . The findings are:</p> <p>Review on 05/20/26 of the Diviosion of Health Service Regulation records revealed the facility is licensed for 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>Review on 05/20/26 of a facility client census completed by staff #4 on 05/20/26 revealed: - FC #4 was listed as a discharge client.</p> <p>Review on 05/20/26 and 05/21/26 of facility records for FC #4 revealed: - Admission note from the nurse on 05/06/26. - "Admitted to group home for Respite care from home setting." - No mental illness diagnosis listed.</p> <p>Interview on 05/20/26 the Licensee/Registered Nurse/Qualified Professional stated: - FC #4 was admitted for "respite" for a few days. - The nurse had completed an admission note. - FC #4 was discharged on 05/10/26 after a fall. - He thought if he had an empty bed he could admit any clients.</p>	V 289		
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</p>	V 366		

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V 366	<p>Continued From page 15</p> <p>response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs 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</p> <p>(D) transferring the copy to an internal</p>	V 366		

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V 366	<p>Continued From page 16</p> <p>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 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>	V 366		

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V 366	<p>Continued From page 17</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>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement policies governing their response to level II incidents as required. The findings are:</p> <p>Review on 05/20/26 and 05/21/26 of facility records revealed no completed level II incident reports for client #2's actions which required police involvement 03/14/26 and 03/26/26.</p> <p>Review on 05/20/26 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 10/22/25- - Diagnoses of Post-Traumatic Stress Disorder and Diabetes. - Currently at an acute hospital. <p>Review on 05/20/26 of facility client daily notes revealed: 03/14/26</p> <ul style="list-style-type: none"> - Client #2 ran away from staff #1. Staff #1 contacted 911 to assist with client #2's elopement. 	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/21/2026
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V 366	<p>Continued From page 18</p> <p>03/26/26</p> <ul style="list-style-type: none"> - Client #2 had made allegations she had taken an overdose. - Client #2 was taken to the hospital and involuntary committed. <p>Review on 05/20/26 of an incomplete incident report for client #2 dated 03/14/26 and completed by the Licensee/Registered Nurse (RN) and Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - "We discussed that another staff member will get there as a soon as possible to assist. [Client #2] drops the phone on the floor (per staff member) and runs out the house. First just in the yard then when staff member tried to call/talk with her to come back, [Client #2] ran behind an abandon home. Staff member reported looking for 10 mins or so but could not find her. Staff member notified the Sheriffs Department for assistance. After a couple hours searching with dog, drones and deputies a missing persons report was filed by the Sheriffs Department..." - No documentation of the development and implementing of measures to prevent similar incidents. <p>Interview on 05/21/26 staff #4 stated:</p> <ul style="list-style-type: none"> - Emergency Medical Services and the police were contacted on 03/26/26 for client #2. <p>Interview on 05/20/26 the Licensee/RN/QP stated:</p> <ul style="list-style-type: none"> - He had completed a report for client #2's 03/14/26. - He understood an incident should be completed for a client's actions which require law enforcement involvement. 	V 366		

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V 367	Continued From page 19	V 367		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> (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. <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> <ol style="list-style-type: none"> (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 	V 367		

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V 367	<p>Continued From page 20</p> <p>unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. <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> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that 	V 367		

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V 367	<p>Continued From page 21</p> <p>meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to notify the Local Management Entity/Managed Care Organization (LME/MCO) as required. The findings are:</p> <p>Review on 05/20/26 of the North Carolina Incident Response Improvement System (IRIS) revealed no Level II incident reports submitted for client #2's actions which required law enforcement involvement on 03/14/26 and 03/26/26.</p> <p>Review on 05/20/26 of client #2's record revealed: - Admission date of 10/22/25- - Diagnoses of Post-Traumatic Stress Disorder and Diabetes. - Currently at an acute hospital.</p> <p>Review on 05/20/26 of facility client daily notes revealed: 03/14/26 - Client #2 ran away from staff #1. Staff #1 contacted 911 to assist with client #2's elopement.</p> <p>03/26/26 - Client #2 had made allegations she had taken an overdose. - Client #2 was taken to the hospital and</p>	V 367		

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V 367	<p>Continued From page 22</p> <p>involuntary committed.</p> <p>Review on 05/20/26 of an incomplete incident report for client #2 dated 03/14/26 and completed by the Licensee/Registered Nurse (RN) and Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - "We discussed that another staff member will get there as a soon as possible to assist. [Client #2] drops the phone on the floor (per staff member) and runs out the house. First just in the yard then when staff member tried to call/talk with her to come back, [Client #2] ran behind an abandon home. Staff member reported looking for 10 mins or so but could not find her. Staff member notified the Sheriffs Department for assistance. After a couple hours searching with dog, drones and deputies a missing persons report was filed by the Sheriffs Department..." - No documentation of the development and implementing of measures to prevent similar incidents. - No documentation the incident report had been submitted to IRIS as required. <p>Interview on 05/21/26 staff #4 stated:</p> <ul style="list-style-type: none"> - Emergency Medical Services and the police were contacted on 03/26/26 for client #2. <p>Interview on 05/20/26 the Licensee/RN/QP stated:</p> <ul style="list-style-type: none"> - He had completed a report for client #2's 03/14/26. - He understood an incident should be completed for a client's actions which require law enforcement involvement. - He thought he had submitted the IRIS reports. 	V 367		