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	MHL036-363	A. BUILDING: _____ B. WING _____	12/17/2025

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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 12/17/25. The complaint was unsubstantiated (intake #NC00234413). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 2 current clients and 2 former clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to develop and implement treatment goals and strategies based on client needs within 30 days of admission for 1 of 4 audited clients (Client #3). The findings are:

Review on 12/16/25 of Client #3's record revealed:
-Admission date of 10/23/25.
-13 years old.
-Diagnoses of Unspecified Trauma and Stressor Related Disorder; Oppositional Defiant Disorder; Attention Deficit Hyperactivity Disorder, combined presentation; Disruptive Mood Dysregulation Disorder.
-Treatment plan dated 5/15/25 completed by previous residential provider with goals and strategies for school and the therapeutic foster home.
-No updated treatment plan with goals and strategies to meet Client #3's current needs in the facility.

Interview on 12/16/25 with Client #3 revealed:
-His goal was to go home.

Attempted interview on 12/17/25 with the Qualified Professional (QP) was unsuccessful due to her being on vacation and unreachable by

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V 112	Continued From page 2 phone. Interview on 12/16/25 with the Assistant Director revealed: -The QP was responsible for developing the treatment plan. -The QP usually developed the treatment plan within the first 30 days, after completing the first Child and Family Team (CFT) meeting. -Sometimes had difficulty scheduling the CFT meeting within the first 30 days due to the schedule of the parents or social workers. -Client #3's CFT meeting had been held on 12/15/25, so the QP was currently developing his treatment plan. -Acknowledged that Client #3's treatment plan had not been developed within the first 30 days.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 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 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	V 114		

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V 114	Continued From page 3 accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to complete disaster drills at least quarterly and repeated on each shift. The findings are: Review on 12/16/25 of the facility's disaster drills revealed: -1st quarter (January, February, March) 2025: There were no fire or disaster drills conducted on 3rd shift. -2nd quarter (April, May, June) 2025: There were no disaster drills conducted on 1st or 3rd shift. -3rd quarter (July, August, September) 2025: There were no disaster drills conducted on 3rd shift. -4th quarter (October, November December) 2025: There were no disaster drills conducted on 3rd shift. Interview on 12/16/25 with Client #3 revealed: -Had not completed a disaster drill since his admission. Interview on 12/16/25 with Client #4 revealed: -Disaster drills were conducted every 2 weeks. Interview on 12/16/25 with Client #5 revealed: -Did not know how often disaster drills were conducted. Interview on 12/16/25 with Staff #1 revealed: -Disaster drills were conducted once a month on all shifts. Interview on 12/17/25 with Staff #2 revealed: -Disaster drills were conducted monthly on all shifts.	V 114		

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V 114	Continued From page 4 Interview on 12/17/25 with the Associate Professional revealed: -Disaster drills were conducted monthly on all shifts. Interview on 12/16/25 with the Assistant Director revealed: -Disaster drills were conducted once a month. -"We try to rotate shifts." -"I used to schedule them (disaster drills) but now we let staff schedule them." -Did not know disaster drills were not being conducted on all shifts.	V 114		
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 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;	V 367		

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V 367	Continued From page 5 (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 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	V 367		

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V 367	Continued From page 6 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 failed to report to the Local Management Company (LME)/ Managed Care Organization (MCO) all Level II incident reports within 72 hours. The findings are: Review on 12/17/25 of the Incident Response Improvement System (IRIS) revealed: -No report for the incident on 11/17/25 involving Former Client (FC) #2 had been submitted. Review on 12/17/25 of the facility's records revealed: -Unsubmitted IRIS report dated 11/17/25 for FC	V 367		

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V 367	Continued From page 7 #2. -FC #2 engaged in property destruction, physical aggression toward staff resulting in a "Standing Supportive Arm Hold," and eloped from the facility. -The local police found FC #2 and transported him to the hospital where he was admitted. Interview on 12/17/25 with the Assistant Director revealed: -Was responsible for submitting IRIS reports. -Had entered the 11/17/25 incident involving FC #3 into IRIS. -Did not know the incident had not been fully completed or submitted.	V 367		