		_			_	
DEFICIENC	TED USE STATEMENT OF IES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	* 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		MHL080-222	B. WING			0-2022
NAME OF PR	OVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
Revive H	ousing, LLC.	523 North	Long Stree	et		
	-	Salisbury	, NC 28144			
(X4) ID PREFIX TAG	RÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V000	was completed or was substantiated	up and complaint survey n 10/20/22. The complaint I (intake #NC00193272).	V000			
	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 currently has a census of 2. The survey sample consisted of audits of 2 current clients, and 2 former clients.					
V111	10A NCAC 27G .0 TREATMENT/HA PLAN (a) An assessmer client, according to prior to the delivery of services be limited to: (1) the client's precent (2) the client's new (3) a provisional content an established dia 30 days of admission admitted to a detect to the content of the	tment/Habilitation Plan D205 ASSESSMENT AND BILITATION OR SERVICE It shall be completed for a o governing body policy, es, and shall include, but not esenting problem; eds and strengths; or admitting diagnosis with agnosis determined within sion, except that a client exification or other 24- gram shall have an osis upon admission;	V111			

TITLE

STATE FORM – DHSR LIMITED USE STATEMENT OF DEFICIENCIES

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE

DEFICIENC	ED USE STATEMENT OF ES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL080-222	B. WING		C 10-20	: 0-2022	
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADDR	ESS, CITY, STA	TE, ZIP CODE			
Revive H	ousing, LLC.	523 North	Long Stree	et			
		Salisbury,	NC 28144				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			BE	(X5) COMPLETE DATE	
V111	history; and (5) evaluations or psychiatric, substavocational, as appressed. (b) When services establishment and treatment/habilitat hereafter referred to address the client's presenting documented. This Rule is not make the services of the completed prior to affecting 1 of 2 clients of the completed prior to affecting 1 of 2 clients of the completed prior to affecting 1 of 2 clients of the completed prior to affecting 1 of 2 clients of the completed prior to affecting 1 of 2 clients of the completed prior to affecting 1 of 2 clients of the completed prior to affect of the complete prior to address the complete prior to address the complete prior to affect of the complete prior to address the complete prior to a	review and interviews, the sure an assessment was the delivery of services ents (#1). The findings are: 22 of client #1's record 8/26/22 Intion Deficit Hyperactivity ed Type and Disruptive on Disorder	V111				

| TITLE

DEFICIENC	TED USE STATEMENT OF IES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S COMPLE	
					C	
		MHL080-222	B. WING		10-2	0-2022
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
Revive H	ousing, LLC.	523 North	Long Stree	et		
		Salisbury	, NC 28144			
(X4) ID PREFIX TAG	PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE				BE	(X5) COMPLETE DATE
	27G 0207 Emerg	ency Plans and Supplies				
V114	10A NCAC 27G .0 AND SUPPLIES (a) A written fire p area-wide disaste and shall be approved authority. (b) The plan shall staff and evacuation pr be posted in the facili (c) Fire and disast	D207 EMERGENCY PLANS Ilan for each facility and r plan shall be developed by the appropriate local be made available to all rocedures and routes shall ity. ter drills in a 24-hour facility	V114			
	repeated for each conducted under conditions t emergencies.	nall have basic first aid				
	This Rule is not m	net as evidenced by:				
Based on record review and interviews, the facility failed to ensure disaster drills were conducted quarterly on each shift. The findings are:						
	10/1/21 to 10/1/22 - For the past yea	22 of Disaster Drills from 2 revealed: r there had been 3 disaster n: 11/26/21, 2/18/22, and				
		22 with client #1 revealed: ticed a disaster drill since				

admission (8/26/22)

PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE

| TITLE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL080-222	B. WING		C 10-20-2022
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE	
Revive H	ousing, LLC.	523 North	Long Stree	et	
	•		, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V114	- The group home drills.	0/22 with client #2 revealed: did not practice disaster	V114		
	revealed: - The group home drills His staff had corquarter He did not know be conducted qualet.	had 3 shifts for disaster aducted 1 disaster drill each that disaster drills were to arterly on each shift. The his form for disaster drills are conducted quarterly			
V132	Allegations, & Programment of the Personnel Registry (g) Health care factorized personagainst health care personant act listed in suspection. (which includes: a. Neglect or abust healthcare facility or a person services	cilities shall ensure that the ified of all allegations nnel, including injuries of which appear to be related ubdivision (a)(1) of this se of a resident in a n to whom home care 5. 131E-136 or hospice	V132		DATE

DEFICIENC	TED USE STATEMENT OF CIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPL	
						•
		MHL080-222	D WING		_	0-2022
NAME OF DR	OVIDER OR SUPPLIER		B. WING	TE ZID CODE		
			RESS, CITY, STA			
Revive H	lousing, LLC.	523 North	Long Stree	et		
Salisbury,			, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V132	provided. b. Misappropriation resident in a health care fasubsection (b) of this section home care services as a chospice services as 201 are being provided c. Misappropriation healthcare facility d. Diversion of drucare facility or to a patiene. Fraud against a patient or client providing services Facilities must have acts are investigate effort to protect resident investigations must be partment within initial notification to the sased on record of facility failed to replication to the sased on record of facility failed to replication to the sased on record of facility failed to replication to the sased on record of facility failed to replication to the sased on record of facility failed to replication to the sased on record of facility failed to replication to the sased on record of facility failed to replication to the sased on record of facility failed to replications.	in of the property of a ags belonging to a health ent or client. In health care facility or for whom the employee is solowed evidence that all alleged ted and must make every as from harm while the progress. The results of all st be reported to the infive working days of the Department. The eview and interviews, the cort allegations against annel to the Health Care by for 1 of 5 audited staff	V132			

DEFICIENC	TED USE STATEMENT OF IES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL080-222	B. WING		C 10-20-2022	
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
Revive H	ousing, LLC.	523 North	Long Stree	et		
	•		, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V132	Improvement Sys	22 of the Incident Response tem (IRIS) revealed: ternal investigation of the nat involved staff #2	V132			
	Professional #1 re - The Licensee wa incident that occu staff #2 and forme - The Licensee did	as contacted about the first rred on 8/29/22 involving				
	revealed: - He did an international incident that occur	7/22 with the Licensee al investigation of the rred on 8/29/22 involving 3 but had no written verify this.				
	- He felt there was	3/22 with staff #2 revealed: s an internal investigation. now to answer the question een taken off schedule.				
V296	10A NCAC 27D .0 Abuse, Neglect or	crossed referenced into 0304 Protection from Harm, Exploitation (V512) for a ation and must be corrected	V296			
	27G .1704 Reside Staffing	ential Tx. Child/Adol - Min.				
	10A NCAC 27G REQUIREMENTS	1704 MINIMUM STAFFING				
PROVIDER L	 CENSEE OR LICENSEE DE	SIGNEE'S SIGNATURE	TITLE		DATE	

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL080-222	B. WING		_	C 10-20-2022	
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE			
Revive H	ousing, LLC.	523 North	Long Stree	et			
	ouog, 220.		_				
		Salisbury	, NC 28144				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
V296	by telephone or particle be able to reach that all times. (b) The minimum required when chipresent and awak (1) two direct care one, two, three or adolescents; (2) the present for five children or adoles (3) four direct care nine, ten, eleven adolescents. (c) The minimum during child or adofollows: (1) two direct care one shall be awak children or adoles (2) two direct care both shall be awak children or adoles (3) three direct care which two shall be asleep for nine children or adoles (d) In addition to the direct care staff so of this Rule, more required in the fact adolescent's indivispecified in the tree (e) Each facility she ensuring supervising adolescents when facility in accordance.	e staff shall be present for four children or hree direct care staff shall e, six, seven or eight cents; and e staff shall be present for or twelve children or number of direct care staff plescent sleep hours is as e staff shall be present and the for one through four cents; e staff shall be present and the for five through eight cents; and re staff shall be present of e awake and the third may e, ten, eleven or twelve cents. The minimum number of the forth in Paragraphs (a)-(c) direct care staff shall be cility based on the child or idual needs as eatment plan. The paragraphs for ion of children or they are away from the nee with the child or ince with the	V296				
F WO VIDEK LI	ICENSEE OR LICENSEE DE	SIGNATURE	TITLE		DATE	-	

DEFICIENC	DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL080-222	B. WING		C 10-20	-2022
NAME OF PR	OVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•	
Revive H	ousing, LLC.	523 North	Long Stree	et		
	Salisbu					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V296	as specified in the This Rule is not m Based on record r	net as evidenced by: reviews and interviews the	V296			
	present while the asleep affecting 2	ove two direct care staff clients were awake or of 2 current clients (#1 and mer clients (FC #3 and #4).				
		0/22 with client #1 revealed: times in the past month d been on shift.				
		0/22 with client #2 revealed: staff worked at the group				
	- At times there we the group home. - "When [staff #2] usually [staff #2] the	1/22 with FC #3 revealed: as one staff who worked at worked, it was literally because something was g, and nobody likes to work				
	- Sometimes staff	2/22 with FC #4 revealed: #2 worked by himself. esn't like working with other				
PROVIDER L	When the censulatione.He was the onlyOn 9/3/22 when	3/22 with staff #2 revealed: s was low, he worked staff who worked alone. former client #3 was ce by client #1 he was	TITLE		DATE	

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLE		
AND PLAN	OF CORRECTION		_		C	
		MHL080-222	B. WING			0-2022
NAME OF PR	NAME OF PROVIDER OR SUPPLIER STREET AD			TE, ZIP CODE		
Revive H	ousing, LLC.	523 North	Long Stree	et		
		Salisbury	, NC 28144			
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V364	Professional (QP) revealed: - She denied there shift. This deficiency co deficiency and mudays. G.S. 122C- 62 Ad Facilities § 122C-62. Additional Facilities. (a) In addition to the G.S. 122C-51 through client who is recein habilitation in a 24 to: (1) Send and receases to writing reassistance when recein the counsel, private professional private professional through the counsel, private professional through the counsel, private professional through the counsel, private professional through the counsel private professional transfer professional	eive sealed mail and have material, postage, and staff necessary; consult with, at his own cost to the facility, legal hysicians, and private velopmental disabilities, or professionals of his choice; consult with a client advocate advocate. The facility and each adult the these rights at all				
PROVIDER LI	CENSEE OR LICENSEE DES	SIGNEE'S SIGNATURE	TITLE		DATE	•

DHSR LIMIT	TED USE STATEMENT OF	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S COMPLE	
	OF CORRECTION	ibertii io, tiioit itombert	A. BUILDING: _		J JOHN EL	
					С	;
		MHL080-222	B. WING		10-2	0-2022
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STAT	FE, ZIP CODE		
Revive H	ousing, LLC.		Long Stree			
110111011	odomy, LLO.		•			
		Salisbury	, NC 28144			
(X4) ID		ATEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
V364	. ,	vided in subsections (e) and				
		each adult client who is				
	_	nt or habilitation in a 24-				i
	_	times keeps the right to:				
	` '	eive 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 th	•				
		rs between the hours of	1/064			
	\ \ /	0 p.m. for a period of at	V364			
	least six hours daily, two hours of which shall					
	be after 6:00 p.m.; however visiting shall not					
	take precedence	•				
		and meet under appropriate				
	supervision with ir	ndividuals of his own choice				
	upon the consent	of the individuals;				
		tside the custody of the				
	facility unless:					
	•	oceedings were initiated as				
		ient's being charged with a				
		uding a crime involving an				
		adly weapon, and the				
	insanity or incapa	ound not guilty by reason of				
		voluntarily admitted or				
		facility while under order of				
		correctional facility of the				
	Division of Adult C					
	Department of Pu					
		ing held to determine				
		ed pursuant to G.S. 15A-				
	1002; A court orde	er may expressly authorize				
		ohibited by the existence of				
		scribed by this subdivision;				
		s daily and have access to				
		oment for physical exercise				
	several times a w	· · · · · · · · · · · · · · · · · · ·				
	(o) Except as prof	nibited by law, keep and use				
DDU/IDED I	 	CIGNEE'S CIGNATURE	 TITI E		האדו	 =
- VONIDER F	ICENSEE OR LICENSEE DE	SIGINLE S SIGINA I UKE	TITLE		DATE	L

DEFICIENCI	ED USE STATEMENT OF ES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MUU 000 000			C 10-20	0-2022
		MHL080-222	B. WING			
	OVIDER OR SUPPLIER		RESS, CITY, STA			
Revive Ho	ousing, LLC.	523 North	Long Stree	et		
		Salisbury,	NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V364	the client is being to proceed pursual (7) Participate in r (8) Keep and sper own money; (9) Retain a driver prohibited by Charton Statutes; and (10) Have access for his private use (c) In addition to the G.S. 122C-51 thromogeneous condition in a 24 to have access to and guidance. In restatus as a development of the physical intellectual immate 24-hour facility shat structure, supervisivity the rights give this Part. The facil practical, make rethat each minor clapart and separate the treatment or habilifically has the right (1) Communicate or guardian or the legal custody of his	Ito individual storage space to individual, individual supervision recognition of the minor's opportunities to enable him ally, and vocationally. In ally, and vocationally. In ally, and vocationally. In ally, and control consistent individual space appropriate sion and control consistent in the minor pursuant to ity shall also, where asonable efforts to ensure item receives treatment in the from adult clients unless do of the minor client dictate informity in the individual space in individual having im;	V364			
PROVIDER LI	CENSEE OR LICENSEE DES	SIGNEE'S SIGNATURE	TITLE '		DATE	•

DEFICIENC	FED USE STATEMENT OF IES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SI COMPLE	
		MHL080-222	B. WING		C 10-20	; 0-2022
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE	•	
Revive H	ousing, LLC.	523 North	Long Stree	at .		
I COIVE II	ousing, LLO.		Ū	,,		
		Salisbury,	NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
V364	expense or that of person and at no counsel, private phealth, developme substance abuse his or his legally reand (3) Contact and coadvocate, if there. The rights specification of the restricted be minor client may be reasonable times. (d) Except as prov. (h) of this section, receiving treatment hour facility has the right to: (1) Make and recedistance calls shat the time of making the receiving party. (2) Send and recedistance when receiving materials, assistance when receiving materials, assistance when receiving perty. (3) Under approprize visitors between the 19:00 p.m. for a pedaily, two hours of p.m.; however visitors between the 19:00 p.m. for a pedaily, two hours of p.m.; however visitors between the 19:00 p.m. for a pedaily, two hours of p.m.; however visitors between the 19:00 p.m. for a pedaily, two hours of p.m.; however visitors between the 19:00 p.m. for a pedaily, two hours of p.m.; however visitors between the 19:00 p.m. for a pedaily, two hours of p.m.; however visitors between the 19:00 p.m. for a pedaily, two hours of p.m.; however visitors between the 19:00 p.m.; however visitors between the 19:00 p.m. for a pedaily, two hours of p.m.; however visitors between the 19:00 p.m. for a pedaily, two hours of p.m.; however visitors between the 19:00 p.m.; however visitors between the 19:00 p.m. for a pedaily, two hours of p.m.; however visitors between the 19:00 p.m. for a pedaily, two hours of p.m.; however visitors between the 19:00 p.m. for a pedaily, two hours of p.m.; however visitors between the 19:00 p.m. for a pedaily, two hours of p.m.; however visitors between the 19:00 p.m. for a pedaily, two hours of p.m.; however visitors between the 19:00 p.m. for a pedaily two hours of p.m.; however visitors between the 19:00 p.m. for a pedaily two hours of p.m.; however visitors between the 19:00 p.m. for a pedaily two hours of p.m.; however visitors between the 19:00 p.m. for a pedaily two hours of p.m.; however visitors between the 19:00 p.m. for a pedaily two hours of p.m.; however visitors betwee	esponsible person's choice; onsult with a client is a client advocate. Ed in this subsection may by the facility and each exercise these rights at all wided in subsections (e) and each minor client who is not or habilitation in a 24-beive telephone calls. All long all be paid for by the client at go the call or made collect to wive mail and have access to costage, and staff necessary; iate supervision, receive ne hours of 8:00 a.m. and ariod of at least six hours of which shall be after 6:00 atting shall not take school or therapies; all education and vocational ance with federal and State is daily and participate in a sysical exercise on a regular	V364			
PROVIDER L	basis in accordant	·	TITLE		DATE	<u></u>

DEFICIENC	TED USE STATEMENT OF CIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLI	
		MUI 090 222	,		_	, 0-2022
		MHL080-222	B. WING			
	OVIDER OR SUPPLIER		RESS, CITY, STA			
Revive H	ousing, LLC.	523 North	Long Stree	et		
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V364	personal clothing appropriate super being held to dete pursuant to G.S. (7) Participate in r (8) Have access t for the safekeepin (9) Have access t sum of his own m (10) Retain a drivo otherwise prohibit General Statutes. (e) No right enum (d) of this section except by the quaresponsible for the treatment or habil statement shall be client's record thareason for the responsible and treatment or habil effective for a performance of the reasonable and treatment or habil effective for a performance of the responsible for the responsible and treatment or habil effective for a performance of the responsible for the responsible and treatment or habil effective for a performance of the responsible for th	religious worship; o individual storage space of of personal belongings; o and spend a reasonable oney; and er's license, unless ed by Chapter 20 of the erated in subsections (b) or may be limited or restricted diffied professional e formulation of the client's itation plan. A written e placed in the t indicates the detailed triction. The restriction shall d related to the client's itation needs. A restriction is itation needs. A restriction is itation needs. A restriction is itation needs at the days, at which time the qualified professional at days, at which time the removed. If a restriction shall be e client's record. If a restriction shall be ecclient's record.	V364			

TITLE DATE

DEFICIEN		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE S COMPLE	
AND PLAN	N OF CORRECTION		A. BOILDING.			
					10-20	0-2022
NAME OF B	ROVIDER OR SUPPLIER	MHL080-222	B. WING RESS, CITY, STA	TE ZID CODE	10 2	
	Housing, LLC.		Long Stre			
Kevive i	lousing, LLC.		ŭ			
		Salisbury	, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V364	the restriction and case of a minor cladult client, the lessall be notified or restriction or renerand of the reason designated individual person shall be declient's record. This Rule is not meased on interview facility failed to entelephone calls af (#1 and #2) and 2 and #4) The findir Interview on 10/7/- Staff listen in on he makes telephone (Department of Seguardian (LG). Interview on 10/10 - When he made to in the living room, are present and lissometimes client listening in on his - He was never at telephone calls ever all the color of th	/22 with client #1 revealed: his phone calls even when he calls to his DSS ocial Services) legal //22 with client #2 revealed: telephone calls it had to be Most of the time the staff stening in on the calls. #1 was present and	V364			
PROVIDER	LICENSEE OR LICENSEE DE		 TITLE		DATE	:

DEFICIENC	FED USE STATEMENT OF IES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL080-222	B. WING		C 10-20-2022	
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
Revive H	ousing, LLC.	523 North	Long Stree	et		
		Salisbury	, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET	Έ
V364	my calls." Even his - His call days wer - When he was on would not allow hi even to his DSS L - "I talked to [the L my old social work her any time I war said that is not hor Interview on 10/12 - When he made t home, he had to n room. - "The staff would the living room. [S chair." Interview on 10/13 - Clients made teler room. - Other clients and clients made teler - Staff #2 had told telephone calls. Interview on 10/13 - Client telephone living room where sometimes preser - He monitored clie safety of whoever calls. To make sur people on their ap	cicensee] and told him that for said I was able to talk to inted to and [the Licensee] wit works." 2/22 with FC #4 revealed: elephone calls in the group nake the calls in the living be sitting in the chairs in taff #2] always sits in that 3/22 with staff #4 revealed: ephone calls in the living distaff were present when shone calls. him to monitor all the client calls were made in the other clients were int. ent phone calls "for the is receiving the phone re they are calling only the proved contact list."	V364			
PROVIDER L	 ICENSEE OR LICENSEE DES	 SIGNEE'S SIGNATURE	 TITLE		DATE	

DEFICIENC	TED USE STATEMENT OF CIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLE	
						;
		MHL080-222	B. WING		_	0-2022
NAME OF PR	ROVIDER OR SUPPLIER		RESS, CITY, STAT	TE, ZIP CODE	1	
Revive H	lousing, LLC.		Long Stree			
110111011	odoliig, LLO.		, NC 28144			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	COMPLETE DATE
V364	In July 2002 FC	. #0 an a manua a ll ta	V364			
V30 -1	participate in his 0 meeting. - During the zoom client pop his hear heard other clients. - This was a priva Interview on 10/17 revealed: - Like staff do on behavioral health calls have to be meeting.	7/22 with the Licensee "any psych ward or unit" the client telephone nonitored. g for key words or that they We are not really listening."				
V512	Neglect 10A NCAC 27D .0 HARM, ABUSE, NEXPLOITATION (a) Employees shabuse, neglect an with G.S. 122C-66 (b) Employees shany sort of abuse 10A NCAC 27C .0 (c) Goods or servi purchased from a established gover (d) Employees shaforce necessary to and aggressive cl by governing body that is necessary characteristics of	all protect clients from harm, and exploitation in accordance 6. all not subject a client to or neglect, as defined in 0102 of this Chapter. ices shall not be sold to or client except through ming body policy. all use only that degree of o repel or secure a violent ient and which is permitted y policy. The degree of force depends upon the individual				

and the degree of aggressiveness displayed

PROVIDER LICENSEE OR LICENSEE DESIGNATURE

T

TITLE

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLE	
	MHL080-222	B. WING		10-2	; 0-2022
NAME OF PROVIDER OR SUPPLIER		RESS, CITY, STA	TE. ZIP CODE		
Revive Housing, LLC.		Long Stree			
rtevive riousing, LLO.		ŭ			
	Salisbury	, NC 28144			
PRÉFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
shall be compliant NCAC 27E of this (e) Any violation be Paragraphs (a) this be grounds for the This Rule is not meased on record robservations, 1 of abused 1 of 2 form 5 audited staff (staticensee, and the #1/Registered Nulformer clients (FC) Cross Reference HCPR Notification record review and failed to report a care personnel to Personnel Regist (staff #2). Interview on 10/18 revealed: The cameras in his working from 8/29 of the 4 findings).	by an employee of rough (d) of this Rule shall be employee. The tas evidenced by: reviews, interviews, and if 5 audited staff (staff #2) and 4 of aff #2, staff #4, the Qualified Professional (QP) rese (RN)) neglected 1 of 2 arg. The findings are: The task of the Health Care are stry for 1 of 5 audited staff and interviews, the facility are stry for 1 of 5 audited staff are st	V512			

TITLE

DEFICIENC	TED USE STATEMENT OF IES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLE	
		MHL080-222	B. WING		10-2	; 0-2022
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STAT	re, zip code		
Revive H	ousing, LLC.	523 North	Long Stree	t		
		Salisbury	, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V512	Disorder; Reaction Disruptive Mood E-Review of FC #3 Centered Plan (PC "[FC #3] will address and understand its and relationships manifestations: Leusing electronic de-Further review of "[FC #3]reports belongings are im team's inputrepfamily and MP3 pl [FC #3's] DSS (De Services) guardiant that his belonging important to him." Review on 10/10/2 revealed: Hire Date: 6/28/2-Position: Directo-He had a high selection and a degree and him as a paraproferevealed: Hire Date: 6/28/2-She had a Master (Registered Nurse-Has a degree and her as a Qualified	earn coping skills other than evices." f FC #3's PCP revealed: that his family and portant to him. Treatment orts that they believe his layer are important to him. epartment of Social in reports that she believes is are his identity, which is 22 of the Licensee's record 21 rehool diploma. In the diploma and work history that qualifies essional. 22 of the QP #1/RN's record 21 er of Science in Nursing 29 and work history that qualifies Professional.	V512		DATE	
		5.5 5 5.5.W. 1. 5.NL			D/ (11	-

DEFICIENC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,	CONSTRUCTION	(X3) DATE S COMPLI	
AND PLAN	OF CORRECTION		A. BUILDING: _			
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		MHL080-222	B. WING		10-2	0-2022
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
Revive H	ousing, LLC.	523 North	Long Stree	et		
		Salisbury	, NC 28144			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	COMPLETE DATE
	- He had a high so	chool dinloma				
	_	nd work history that qualifies				
	him as a paraprof		V512			
V512						
		22 of staff #4's record				
	revealed:					
	- Hire Date: 9/16/2					
	- He had a high so	•				
	him as a paraprof	nd work history that qualifies				
	Tilli as a parapron	essional.				
	Review on 10/20/2	22 of FC #3's hospital				
	medical records re	•				
	- Admission: 9/3/2	22				
	- Discharge: 9/4/2					
	_	r-old Caucasian male (FC				
		edical history of ADHD				
	`	Hyperactivity Disorder) and				
	`	al Defiant Disorder) who nergency department via				
		Medical Services) after				
	\	n where he sustained a				
		Patient reports just prior to				
	arrival he was invo	olved in an argument with				
	-	nt #1) at the foster home				
		LLC) and the other child hit				
		The patient states that he				
		r home and ran to [local				
	and transported to	as then picked up by EMS				
	department."	the enlergency				
	•	king with the patient, he				
		t feel safe in his current				
		ve Housing, LLC). He				
	,	the staff members (staff #2)				
		lly abusive to him. He states				
		hit in the chest and kicked.				
		ul and states he does not				
	_	He is currently denying any				
PROVIDER L	ICENSEE OR LICENSEE DES	SIGNEE'S SIGNATURE	TITLE		DATI	E

DHSR LIMIT DEFICIENC	TED USE STATEMENT OF IES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SU	
	OF CORRECTION		A. BUILDING: _			
					l c	
		MHL080-222	B. WING		1)-2022
NAME OF PR	OVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
Revive H	ousing, LLC.	523 North	Long Stree	et		
	5, -		, NC 28144			
	T		, INC 20144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
	auditory or visual					
V512	me. The inner mo	cerations were sutured by uth laceration did require	V512			
		subcuticular sutures." Il the patient's group home,				
	Revive Housing a	nd spoke with the				
		censee] tells me that [FC ng a-wall and went a-wall				
	1	Id him we were taking him his cut.' [FC #3] apparently				
	-	window and ran to [local				
	_	e then found him and called				
		ee] relates that they have				
	_	C #3] acting this way in the				
		be manipulative." He				
		reports of abuse towards				
	[FC #3] from staff	members. s to the ED (Emergency				
		a physical altercation at the				
		re he lives. Patient reports				
		[local store] because one				
	_	Group Home hit me. He was				
		and stuff and we started				
	arguing. Staff ask	ed me what I was talking				
		iff member to 'shut up				
		talking about nothing.' Pt				
	, .	nat he also told some of the				
		ome to shut up when they				
		s talking to. Patient reports				
		arguing with got up and				
		and hit me in the mouth.'				
		at the staff at the group needed to come to the ED				
		the did not think he needed				
		it of the house and ran to				
		hich is a little over a mile				
		oup Home. Pt reports that				
	_	mouth in the mirror at [local				
PROVIDER L	ICENSEE OR LICENSEE DES	-	TITLE		DATE	

DEFICIENC	TED USE STATEMENT OF IES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLI	
						<u>`</u>
		MHL080-222	B. WING		_	0-2022
NAME OF PR	OVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
	ousing, LLC.		Long Stree			
I COIVE II	ousing, LLO.		•			
		Salisbury,	, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V512	service and they obrought to the host this past Monday, was on the phone parents, 'He was I things about me, shim. When I did the on the ground and When I tried to mo it on my throat so that he reported the and they said they They also called [Group Home and an internal investing—"[The Licensee] an altercation with Group Home and turned physical with mouth. He reports and calling the peroccurred. He repostruck, Group Home and turned physical with mouth. He reports and calling the peroccurred. He repostruck, Group Home and turned physical with that he was being mental evaluation when staff went to climbed out of the and gone AWOL (Licensee] reports the Group Home thad been located were taking him to [the Licensee] about that patient is maken.	someone at customer called MEDIC and he was spital. Patient reports that on one of the staff members talking to his adoptive lying to them and saying so I hung up the phone on his, the staff member put med put his knees on my chest. Eve it took his hand and put I couldn't talk.' Pt reports his at school the next day were going to investigate. The Licensee who owns the he said he was going to do gation." Treports that patient got into he one of his peers at the the verbal altercation with patient getting hit in the sthat patient was cursing er names when this erts that after patient was me Staff wanted to bring to get medical attention for became upset and thought brought to the ED for a he went into his room and to get him, patient had window of his bedroom (absent without leave). [The that the police contacted to advise them that patient at [local store] and that they of the ED. Clinician asked out the allegations of abuse king. He reports that patient at at least week and that a staff week and that a				

report has already been sent to CPS (Child
PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE

TITLE DATE

DEFICIENCI	ED USE STATEMENT OF ES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SI COMPLE	
		MHL080-222	B. WING		C 10-20	0-2022
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
Revive Ho	ousing, LLC.	523 North	Long Stree	et		
		Salisbury	, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V512	allegations are un Interview on 10/14 Worker revealed: - She had not clos as of 10/14/22. Finding #1 Interview on 10/14 - He recalled sittin home van with clie was FC #4 and F0 the van and Form front passenger se in the van Staff #2 pulled oo "[Staff #2] came to choked me, grabb gave him the head passed up my rad headphones as w - "I don't think [sta homes anymore b residents." Interview on 10/14 - He recalled a tim was going to a me staff #2 and FS #7 were in the back of were in the middle	al/22 with the CPS Social and the CPS investigation al/22 with FC #3 revealed: In the back of the group and #2. In the middle row C #5. Staff #2 was driving are Staff (FS) #7 was in the at. Staff #2's dog was also at the back of the van and and the back of the van because how he treats the back of the van because how he treats the back of the van. He and FC #3 of the van. FC #4 and FC #3 of the van. FC #4 and FC #5 as seats. Wer and "slid through the	V512	DEFICIENCY)		
PROVIDER LI	- "[Staff #2] grabbe pushed his head b	ed [FC #3's] neck and beyond the seat. [Staff #2] d grabbed [FC #3's] radio.	TITLE		DATE	

STATE FORM – DHSR LIMITED USE STATEMENT OF DEFICIENCIES

DEFICIENC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
AND PLAN	OF CORRECTION					
		MHL080-222	B. WING		10	C -20-2022
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
Revive H	ousing, LLC.	523 North	Long Stree	et		
		Salisbury	, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V512	think [staff #2] sai - Staff #2 took FC "was on restriction electronics. Interview on 10/13 - In the beginning staff #2 were takin #4, FC #5 and clie appointment in the FC #3 wanted to set with him Staff #2 told FC back there and gr Staff #2 stated thi kept telling FC #3 headset Staff #2 pulled of the seats of the value was struggling. FC #3. She was inforward on the telliprovider and did responder and did responder and did responder and the seats of the value was struggling "I know there was didn't want to give player." - "Taking electron"	#3's radio because FC #3 n" and could not have 3/22 with FS #7 revealed: of August 2022, she, and ng the clients (FC #3, FC ent #2) to a medical e van. o bring his radio and head #3 "don't make me jump ab your radio and headset." s to FC #3 because staff #2 to pass up his radio and ver and climbed between an. Staff #2 and FC #3 and he got the radio from the front seat facing ephone with a medical not see everything. w why staff #2 wanted FC as struggle because [FC #3] e up the head set and MP3 ics from [FC #3] triggers him	V512	DEFICIE	NCT)	
	Licensee] about the fewer about the fewer series about the fewer ser	es kept him calm. I told [the nis incident as well." staff #2] got, he would start lways at odds with [FC #3]. It was his way or no way at				
PROVIDER L	Interview on 10/13	3/22 with staff #2 revealed: SIGNATURE	TITLE		D/	ATE

MHL080-222 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE C 10-20-2022	DHSR LIMITED USE STA DEFICIENCIES AND PLAN OF CORREC
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
	AME OF PROVIDER OR
Revive Housing, LLC. 523 North Long Street	Revive Housing I
•	.01.101.1040
Salisbury, NC 28144	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	PREFIX (E
- He could not recall the specific incident where he took FC #3's radio at the beginning of August 2022 There were "a few times we had to take [FC #3]'s electronic devices" because FC #3 was not supposed to have electronic devices FC #3 could not have electronic secause it was in his treatment plan that FC #3 should try to find other coping skills beyond electronics He always told the Licensee when he took FC #3's electronics. Interview on 10/17/22 with the Licensee revealed: - The incident at the beginning of August 2022 "was no incident." - Staff #2 called me that day and asked was FC #3 supposed to have a radio and he told staff #2 "no." - He never talked to the clients about what occurred, but he did talk to staff #2 and FS #7 about what occurred that day "[FS #7] said that [FC #3] was hesitant to give it away and [FC #3] was hesitant to give it away and [FC #3] was holding it (radio) in front of him and then [staff #2] pulled it away "[Staff #2] said do you want me to take it and I already knew it was going to be some resistance. [Staff #2] soid [FC #3] was holding it (radio) in front of him and then [staff #2] took the radio. There were just words going back and forth." Interview on 10/17/22 with the QP #1/RN revealed: - She was not aware of the incident that occurred at the beginning of August 2022 where staff #2 took FC #3's radio/headset in the van.	where I of Augu - There #3]'s el not sup - FC #3 was in try to fir electror - He alv FC #3's Intervier reveale - The ir 2022 "v - Staff # FC #3 staff #2 - He ne occurre about v - "[FS # give it a pulled i - "[Staff and I al resistar holding #2] tool going b Intervier she woccurre where s

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL080-222	B. WING		C 10-20-2022	
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STAT	re, zip code		
Revive H	ousing, LLC.	523 North	Long Stree	t		
Salisbur			, NC 28144			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V512	- He had known siplacement Sometime after second and incident could not provide teachers would be the incident Staff #4 was prein the living room #2. FC #4, client outside the living occurred or in the staff #2 was on adoptive parents, adoptive parents, up" and could not #2 that was "a lie" landline phone an on so that his adohim He kept trying to parents, staff #2 wif he could not talk then he was going the button" and huld the he was going the button and huld the premember what parents staff #2 wife. Staff #2 kept "He tried to hold red while he was lay "He tried to hold red while he wa	the phone with his potential Staff #2 told his potential that he had been "acting talk to them. He told staff and he went over to d kept clicking the speaker ptive parents could hear say to his adoptive was lying. He then told staff to his adoptive parents to hang up. He "pushed ang up. The "pushed and up. The could not eart of his body hit the floor trying to hold me down. The could have arms and legs down." It wing down staff #2 grabbed to the floor to my head. "He	V512		DATE	

						-
	DHSR LIMITED USE STATEMENT OF (X1) PROVIDER/SUP IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	OF CORRECTION		A. BUILDING: _			OOMI ELTED
						С
		MHL080-222	B. WING			10-20-2022
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
Revive H	Revive Housing, LLC. 523 North		Long Stree	et		
	Salisbury		, NC 28144			
	1		,			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V512	and attempted to away from him. So of his chest. "I co could barely talk to struggling to say and a series and to the moved his head own on the floor. Afterwards staff bedroom and told everything that head a school about the instaff #2. "It seems school could do so the had a scratch #2's] fingernail and showed the teach and the teach and the teach and the teach are the moved that the teach are the phone call. "[Staff #4] was frow that to do."	ead to the side and staff #2 and pushed his head back #4 had come to his him to tell the school appened and about the so told client #2 to tell the ncident between him and ed like [staff #4] felt like the omething about it." In on his neck "from [staff d when I went to school, I ers the scratch." ened in the den where there "nothing just because I hung				
		and staff #2 started arguing				
	and FC #3's socia	I adoptive parents called in all worker had said he could all adoptive parents anytime				
	talking on the pho adoptive parents a	ng to stop FC #3 from ne with his potential and staff #2 said that FC #3 sive to everybody "but that				
ROVIDER L	ICENSEE OR LICENSEE DE	SIGNEE'S SIGNATURE	I TITLE			DATE

DHSR LIMITED USE STATEMENT OF (X1) PROVIDER/SUPPLIER/C DEFICIENCIES IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	OF CORRECTION	BEATH TOATION NOWIDER.	A. BUILDING: _		COWIFLETED	
		MHL080-222	D WING		C 10-20-2022	
NAME OF BB	OVIDER OR SUPPLIER	<u> </u>	B. WING RESS, CITY, STA	TE ZIR CODE	· ·	
Revive H	ousing, LLC.	523 North	Long Stree	et .		
		Salisbury	, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLE	
V512	already on the phore FC #3's potential area and a staff #2 pure wooden thing in the and "slams' him to the and "slams' him to the and "slams' him to was holding FC #3 on the ground. Ston FC #3's neck. The ground him alosing his voice choked." The other clients FC #4. Staff #4 wincident. Staff #4 told him at our school what him and client #2 happened becaus told staff #2. Staff at us or been mea "When [staff #2] him, and we just go would put us on reword when the Child I Worker talked to him at the was working that the could not tell happened becaus him in the group him in the group him wooden was him and client #2 him, and we just go would put us on reword and the could not tell her what talked to him at the was working that the could not tell happened becaus him in the group	shed client #3 "against a he living room. Then staff e chair in the living room in the chair. Then staff #2 by his shirt at his chest off the chair and put FC #3 taff #2 wrapped his hands FC #3 said, "you can't do me. It sounded like [FC #3] ce because he was being to who were present: #2 and was also present during the and client #2 "to tell people thappened." Staff #4 told to not tell the Licensee what we the Licensee would have #2 would have then "yelled an to us." works we are scared of go in our rooms. [Staff #2] testriction for no reason." Protective Services Social him about the incident, he at happened because she e group home and staff #2 day. his counselor about what the the counselor talked to home kitchen.				
	- Sometime on a v	weekend an incident				
		staff #2 and FC #3.	<u></u>			
PROVIDER LI	CENSEE OR LICENSEE DES	SIGNEE'S SIGNATURE	TITLE		DATE	

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, OTTY, STATE_ZIP CODE	DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
Revive Housing, LLC. S23 North Long Street Salisbury, NC 28144 CAPID PRETIX TAG SUMMARY STATEMENT OF DEPICIENCES SALISbury, NC 28144 CAPID PRETIX TAG SUMMARY STATEMENT OF DEPICIENCES PYTULE PRECIDENCES (EACH DEPICIENCY MUST as PRECEDED BY YOULE PRECIDENCY OF USE DEPICIFING INFORMATION) TAG - He was walking into the bathroom (door to the bathroom was in the living room). He turned around and saw staff #2 push FC #3 into the wall in the office. He went back to his bedroom "because I didn't want to be a part of it." - Staff #4 and FC #4 were also present. - After the incident he saw FC #3 as he walked down the hallway." - Staff #4 lold him to tell someone at school about what staff #2 did to FC #3. - T can't tell my more finis legal guardian (LG)) (about staff #2) because [staff #2] says whatever goes on in the house stays in the house. Meaning what happens at the house I can't tell anyone." - [Staff #2] came up to me yesterday (10/13/22) and asked me what you asked me about. I didn't tell him anything." Interview on 10/12/22 with FC #4 revealed: - On 8/29/22, FC #3 took the group home phone out of staff #2's hand. FC #3 had been asked to go to his room - He refused to answer further questions about the 8/29/22 incident. - "I don't need to speak about this. Talk to other people about that. I know nothing about that." Interview on 10/14/22 with FC #3's potential adoptive mother revealed: - She and her husband were starting to get established with FC #3 when she called him			MHI 080-222	R WING		■		
Revive Housing, LLC. 523 North Long Street Salisbury, NC 28144 PROVIDER'S HAM OF CORRECTION PROPERTY ACTION SIGNLE BE GENERAL OF DEFICIENCES PREFEIX TAG PROVIDER'S PLAN OF CORRECTION PROPERTY TAG PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION PROPERTY TAG PROVIDER'S PLAN OF CORRECTION PROPERTY TAG PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION	NAME OF PRO	OVIDER OR SUPPLIER	<u> </u>		TE. ZIP CODE	<u> </u>		
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PREFIX TAG TAG TAG TAG TAG TAG			Salisbury	, NC 28144				
the bathroom was in the living room) - He turned around and saw staff #2 push FC #3 into the wall in the office. - He went back to his bedroom "because I didn't want to be a part of it." - Staff #4 and FC #4 were also present. - After the incident he saw FC #3 as he walked down the hallway. "I saw red marks on [FC #3's] neck when he walked back down the hallway." - Staff #4 told him to tell someone at school about what staff #2 did to FC #3. - "I can't tell my mom (his legal guardian (LG)) (about staff #2) because [staff #2] says whatever goes on in the house stays in the house. Meaning what happens at the house I can't tell anyone." - [Staff #2] came up to me yesterday (10/13/22) and asked me what you asked me about. I didn't tell him anything." Interview on 10/12/22 with FC #4 revealed: - On 8/29/22, FC #3 took the group home phone out of staff #2's hand. FC #3 had been asked to go to his room. - He refused to answer further questions about the 8/29/22 incident. - "I don't need to speak about this. Talk to other people about that. I know nothing about that." Interview on 10/14/22 with FC #3's potential adoptive mother revealed: - She and her husband were starting to get established with FC #3 when she called him	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	COMPLETE	
- When she called on 8/29/22 someone put her on hold. Then staff #2 came on the phone	V512	the bathroom was - He turned aroun #3 into the wall in - He went back to didn't want to be a - Staff #4 and FC - After the incident walked down the lon [FC #3's] neck the hallway." - Staff #4 told him about what staff # - "I can't tell my m (about staff #2) be whatever goes on house. Meaning wan't tell anyone." - [Staff #2] came was about. I didn't tell Interview on 10/12 - On 8/29/22, FC aphone out of staff asked to go to his - He refused to an about the 8/29/22 - "I don't need to so ther people about that." Interview on 10/12 adoptive mother restablished with Fon 8/29/22 When she called	in the living room). If and saw staff #2 push FC the office. In his bedroom "because I a part of it." If were also present. If he saw FC #3 as he hallway. "I saw red marks when he walked back down to tell someone at school 2 did to FC #3. If om (his legal guardian (LG)) ecause [staff #2] says in the house stays in the what happens at the house I up to me yesterday ked me what you asked me him anything." If we we we walked back down to tell someone at school 2 did to FC #3 says in the house I says in the house stays in the what happens at the house I was the what you asked me him anything." If we we was the we was the wealed: If we was the we was the wealed was the wealed: If we was the was the was the wealed was the wealed was the wealed him anything about the wealed: If we was the was the was the was the was the was the wealed him anything about the wealed: If we was the w					

DEFICIENC	ED USE STATEMENT OF ES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLI	
		MHL080-222	B. WING		C 10-2	0-2022
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
Revive H	ousing, LLC.	523 North	Long Stree	et		
-			, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V512	because he was a little of later. The second phone. She heard voices back and four again. - She called back staff #2 told her Fitalk to her that day - "That was my how could talk to him a - "Even to this day when talking to [Fof [staff #2]." Review on 10/20/20/20/20/20/20/20/20/20/20/20/20/20	concerned and called back time staff #2 answered the I "scuffling and aggravating orth." Then the phone hung right away a 3rd time and C #3 would not be able to y. ope if he was escalated, I and bring him back down." I [staff #2] is the main focus C #3]. [FC #3] is still fearful				

indicated that [FC #3] did have scratches and PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE

TITLE

DEFICIENC	TED USE STATEMENT OF IES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL080-222	B. WING		C 10-20-	-2022
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE		
Revive H	ousing, LLC.	523 North	Long Stree	et		
	g, <u></u> -		, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V512	[FC #3's DSS LG] (teacher) take pict [FC #3's DSS LG] school to make a #3's DSS LG] not any information pointervention of any Inc." - Staffing meeting had a hard time wastaff person at FLG] made the con [FC #3's] case maplacement]. They tenuous relationsh previous placeme Revive. [Manage staff] shared that sperson left (FC #3 inappropriate rest that lines up with a #2] came to Revive this time, but this for the potential exhad." Interview on 10/13 revealed: - FC #3 had told have a make pict of the potential exhad."	re consistent with the story. I requested that staff tures of [FC #3's] injuries. I instructed the middle report to local DSS. [FC es that she did not receive ertaining to a restrictive y sort from revive housing on 8/30/22: "[FC #3] has rorking with [staff #2] who is Revive but [FC #3's DSS enection that [staff #2] was enager at [FC #3's previous have always had a hip both at [FC #3's not] and now at d Care Organization (MCO) she is aware that a staff eraint occurred there and eraint occurred there and eraound the time that [staff eraound the time that eraound the time that [staff eraound the time that eraound the time that eraound the time that eraound the time that eraoun				
PROVIDER L	- When staff #2 withat he had "multiple" - "If we ever broug [staff #2] to [the Liwould have a contact - Around 8/30/22]	as hired FC #3 stated to her ple run ins with him" ght up any concerns about censee] it was always he versation with [staff #2]." FC #3 had come to school his chest. He told us he was SIGNEE'S SIGNATURE	TITLE		DATE	

DEFICIENC	TED USE STATEMENT OF CIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		DATE SURVEY COMPLETED
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		MHL080-222	B. WING			10-20-2022
NAME OF PE	ROVIDER OR SUPPLIER		RESS, CITY, STATI	E. ZIP CODE	I	
	lousing, LLC.		Long Street			
T CONTO	louding, LLO.		ŭ	•		
		Salisbury	, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V512	parents and staff and indicated that and was very bell staff #2 put him in a mark on his chepushed him down knees. She could - She did not take FC #3. She obsemark between and below his colliscratch." - When she told the incident, or other that "[FC #3] lied of the line with client #1, client #2 was in bathroom is in the "I was trying to read the parents who called to speak to the phone. Staff #3 speak on the phone acting out. [FC #3]	edirect [client #1] and [FC . [FC #4] was not listening. 2's] favorite." b want to adopt FC #3 had FC #3. Staff #2 answered £2 said that FC #3 could not ne because "[FC #3] was 1] was not acting out." Staff				
	told him prior to the "always picking of a When FC #3 was the phone he press Staff #2 had the plant of the pl	s told he could not talk on ssed the receiver down. shone handset in his hands. and picked up FC #3 under do a little kid and he was				
PROVIDER L	ICENSEE OR LICENSEE DE		I TITLE			DATE

DHSR LIMITED USE STATEMENT OF (X1) PROVIDER/SUPPLIER/CLIA DEFICIENCIES (IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	OF CORRECTION		A. BUILDING: _			
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		MHL080-222	B. WING		10-20-2	2022
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
Revive H	ousing, LLC.	523 North	Long Stree	et		
	Salisbu					
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
\/540		#3 then fell onto the sofa.				
V512	_	were like side to side."				
		FC #3 rolled down onto the				
		on top of FC #3 and FC #3 Staff #2's lower body was				
		elow his stomach. "[Staff #2]				
		of [FC #3]." He did not see				
		n FC #3's neck. Then staff				
		's legs up to his face "like a				
	_	as there for about 15-20				
		d FC #3 tell staff #2 "to get				
	off of him."					
		I was trying to tell [staff #2]				
	him."	3] and that he would talk to				
	- He did not see a	ny marks or bruising on FC				
	- The next day he	told the Licensee				
		ppened between staff #2				
	- "That situation sl	hould have never took place				
		er a phone callThere was				
	nothing to de-esca					
		and client #2 if they saw				
	anything to report					
	_	FC #3], he has told me other staff about [staff #2]				
		hing is done and so I told				
		t at school because he (FC				
		ff and no one is listening."				
	,	with the Licensee about the				
	_	going to be effective" so				
		I the clients to report what				
	occurred to the sc	chool.				
		7/00:44- 50 #0				
		7/22 with FS #6 revealed:				
		e clients about the 8/29/22				
	moluciii iiivoiviiig	staff #2 and FC #3.				
I PROVIDER LI	 Censee or licensee de:	SIGNEE'S SIGNATURE	TITLE		DATE	

DEFICIENC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION				C 10-20	0-2022
		MHL080-222	B. WING		10 2	J ZUZZ
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STAT	ΓE, ZIP CODE		
Revive H	ousing, LLC.	523 North	Long Stree	et		
		Salisbury	NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V512	phone to FC #3's and staff #2 told the right now and when allow him to talk. It wanted to talk to he parents and FC #3 FC #3 hung up the grabbed FC #3 by on the wall so he then threw FC #3 While FC #3 was FC #3's legs to whis ears. Then stafloor. Then FC #3 FC #4 and staff #2 Interview on 10/13 - On 8/29/22, FC is parents called to sthe other staff (state) - He told the poter was not a good tir "acting out. I wanter restriction that day compliant." - FC #3 started ye "they won't let me you whenever I was not a grabbed to call. FC #3 grabbed to call. FC #3 grabbed to call. FC #3 asked parents "why did you when FC #3 didn'b banged the phone and said to FC #3 destruction, and I destruction, and I	8/22 with staff #2 revealed: #3's potential adoptive speak to FC #3. Either he or aff #4) answered the phone. In the because FC #3 was to say [FC #3] was on and was being non-selling in the background talk to ya'll and I can talk to				
PROVIDER L	hung it up." ICENSEE OR LICENSEE DE	 SIGNEE'S SIGNATURE	 TITLE		DATE	 <u> </u>

DEFICIENCI	ED USE STATEMENT OF ES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL080-222	B. WING		C 10-20-2022
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE	
Revive Ho	ousing, LLC.	523 North	Long Stree	et .	
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		Salisbury,	NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V512	my inner arm." - FC #3 walked side brought FC #3 intercom) where FC # couch. FC #3 there on the floor. He as bedroom and FC is a bedroom and FC is - Prior to the incidentarks on his kneed he had a mosquite - He never had phe - "No there was not #3] was not a harrothers, or staff." - The Licensee known Review on 10/17/2 Improvement Systensial - Date submitted: - Name of person the Licensee - Consumer's Name - "Consumer (FC is started getting agit that he was being he was making consumer (FC is started getting agit that was taken the case worker gave to him. When consistent was taken the case worker gave to him. When consistent was on the person who called screaming to talk in phone. Consumer prevent staff from	ysical contact with FC #3. o need for a restraint. [FC in to himself or anyone else, ew about the incident. 22 of the Incident Response tem (IRIS) revealed: 8/29/22 8/30/22 who submitted the form: ne: [Former Client (FC) #3] #3) was outside when he tated with staff (staff #2) monitored closely because mments about running o still upset about his tablet e day before he stated his then said his teacher gave sumer and staff went back eived a phone call. Staff he phone speaking with the l, and the consumer started with the person on the began to yell, to try and making guest on phone			
	prevent staff from				
PROVIDER LI	CENSEE OR LICENSEE DES	SIGNEE'S SIGNATURE	TITLE		DATE

DEFICIENC	TED USE STATEMENT OF IES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL080-222	B. WING		C 10-20-2022
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE	
Revive H	ousing, LLC.	523 North	Long Stree	et	
	3,		, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V512	he was displaying grab the phone frowall. In the mist of hung up the phone consumer to remore area. Consumer to remore phone. Consumer from the wall as consumer flopped consumer up. The floor. Staff let consumer finally graphed to the consumer to his round the consumers between putting holes the rooms. The other went into consumer to his round the consumers between the consumers between the consumer back to the living the consumer to his round the consumer back to the consum	got up and staff escorted from. About 20 mins insumer (FC #3) started for consumer (FC #4) had in the closet that connect ther consumer got upset and fers room and attempted to elongings and tear up his 2) intervened and directed his room." 7/22 with the Licensee told him that FC #3 of choking him and wn. Is at the school he talked to FC #3 told him it was not that Staff #2 did. FC #3 aff #2 grabbed him and he the floor by the phone in the fice. FC #3 reported to him ered the phone on 8/29/22			
l Provider L	tilat Stall #2 allSw ICENSEE OR LICENSEE DES	-	TITLE		DATE

DEFICIENC	FED USE STATEMENT OF IES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE S COMPLE	
AND I LAN	OF CONNECTION	MHL080-222	B. WING		C 10-2	; 0-2022
NAME OF PR	OVIDER OR SUPPLIER		RESS, CITY, STA	TE ZIP CODE	<u>I</u>	
Revive n	ousing, LLC.		Long Stree	:L		
		Salisbury,	, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V512	on the phone becabehavior. FC #3 trkept hitting the phhandedly' guided and FC #3 droppe that staff #2 was in on the ground cus while I called back #3] was in his root started getting into The teacher new or bruises when his the phone. When grabbed around his take pictures after school 8/30/22. The pictures after school 8/30/22. The picture was The picture does in the Licensee ident as FC #3. The picture was who assaulted FC. The picture was who assaulted FC. The picture show in between FC #3. Interview on 10/17 revealed: The Licensee was allegations that or	provided by the Licensee. not show FC #3's face but tified the client in the picture taken on 8/30/22 by staff #2 #3 on 8/29/22. wed a ½ inch scratch mark 's collar bone. ot consistent with an insect 7/22 with the QP #1/RN as contacted about the ccurred on 8/29/22.				
PROVIDER L	 ICENSEE OR LICENSEE DE:	 SIGNEE'S SIGNATURE	TITLE		DATE	<u> </u>

STATE FORM – DHSR LIMITED USE STATEMENT OF DEFICIENCIES

DEFICIENC	TED USE STATEMENT OF IES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUR' COMPLETE	
		MHL080-222	B. WING		C 10-20-2	2022
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
Revive H	ousing, LLC.	523 North	Long Stree	<u>-</u> t		
	ouog, 220.		_			
		Salisbury	, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE '	(X5) COMPLETE DATE
V512	were "[staff #2] had over a phone call. Finding #3 Interview with FS of 8/29/22 video re - On 8/29/22 FS # worked with staff # - FS #7 took the v timed her on 8/29/- FC #3 was in the FC #4 was raising punching at FC #3 contact was made right in front of FC appeared to be to shrugged his shouback and did noth - Staff #2 was see at a piece of pape stood there and m or stop FC #4 fron - While staff #2 co #4 threw a book b head. FC #3's head back towards the made contact with did not hit back ar himself. - During the entire to protect FC #3 fr FC #4. Interviews on 10/1 #7 revealed: - On 8/29/22 at ap.	#7 and review on 10/13/22 evealed: F7's nephew, staff #4, #2. ideo when staff #4 face /22. c corner of his bedroom as his arms and repeatedly 8. It is unclear from video if but FC #4 was standing #3. FC #3 had what ys in his hands and ulders. FC #3 did not hit ing to protect himself. In a few feet away looking for in his hands. Staff #2 only hade no move to intervene in punching at FC #3. Intinued to stand there, FC hag very hard at FC #3's and and upper body bounced wall once the book bag in FC #3's head. FC #3 again and did nothing to protect wideo Staff #2 did nothing from the physical assault of 13/22 and 10/14/22 with FS approximately 5:58 pm she				
PROVIDER LI	-	aff #4 who was working that	TITLE		DATE	

ES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE SI COMPLE	
	MHL080-222	B. WING		C 10-20	0-2022
OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	ΓE, ZIP CODE		
ousing LLC	523 North	Long Stree	st.		
•		•			
	Salisbury,	, NC 28144			
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETE DATE
he did not know we-She could see of FC #3's bedroom. electronics out of advised staff #4 to #3. - "[Staff #2] was in anything to stop [F- "[Staff #2] always [FC #3]. [Staff #2] searches on [FC # would always tell to go places because attitude. Then [St kids, 'are you upse anywhere? And he and what do you fit? It was like [Statother kids to get me to fight [FC #3]." - Staff #2 told the electronic that occurred in the talked directly to the one to talk to the through him when Staff #2 also told the one to talk to the through him when Staff #2 also told the wide one to the QP # through, but she to went through around the video. - "You could tell [the when we talked on the video and she punching [FC #3]?	hat to do. In face time FC #4 was in FC #4 was punching client #3's hands. She Is separate FC #4 from FC The room and didn't do FC #4]." Is had something against I was always doing room F3's] bedroom. [Staff #2] The other kids they couldn't The of [FC #3's] behavior or FI #2] would ask the other FI because you can't go FI was manipulating the FI Was manipulating				
	ı	 TITLE		DATE	
	evening with staff he did not know w - She could see or FC #3's bedroom. electronics out of advised staff #4 to #3 "[Staff #2] was in anything to stop [F - "[Staff #2] always [FC #3]. [Staff #2] searches on [FC # would always tell t go places because attitude. Then [Staffs, 'are you upse anywhere? And he and what do you fit? It was like [Staff #2 also told to the fight [FC #3]." - Staff #2 told the through him when Staff #2 also told to the one to talk to to that occurred in the talked directly to the She sent the vide next day (8/30/22) video to the QP #7 through, but she to the went through arour - She talked to the video "You could tell [the when we talked or the video and she punching [FC #3]? my god this is seri	MHL080-222 DIVIDER OR SUPPLIER STREET ADDRESSIDE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) EVENING WITH STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) EVENING WITH STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) EVENING WITH STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) EVENING WITH STATEMENT OF DEFICIENCIES (EACH WAS IN FC #4 was in FC #3's bedroom. FC #4 was in FC #3's bedroom. Searches on FC #4!". "[Staff #2] was in the room and didn't do anything to stop [FC #4]." "[Staff #2] always had something against [FC #3]. [Staff #2] was always doing room searches on [FC #3's] bedroom. [Staff #2] would always tell the other kids they couldn't go places because of [FC #3's] behavior or attitude. Then [Staff #2] would ask the other kids, 'are you upset because you can't go anywhere? And how does that make you feel and what do you feel should be done about it? It was like [Staff #2] was manipulating the other kids to get mad at [FC #3] and maybe to fight [FC #3]." - Staff #2 told the other staff they had to go through him when things would come up. Staff #2 also told the other staff he would be the one to talk to the Licensee about things that occurred in the group home, but she talked directly to the Licensee anyway. - She sent the video to the QP #1/RN the next day (8/30/22). When she first sent the video to the QP #1/RN it would not go through, but she tried again to send it and it went through around 1:30 pm on 8/30/22. - She talked to the QP #1/RN] was shocked when we talked on the phone after she saw the video and she asked, 'Is that [FC #4] punching [FC #3]? [The QP #1/RN] said oh my god this is serious." The QP #1/RN told	MHL080-222 MHL080-222 B. WING	MHL080-222 MHL080-222 MHL080-222 MHL080-222 MHL080-222 STREET ADDRESS, CITY, STATE, ZIP CODE Salisbury, NC 28144 SUMMARY STATEMENT OF DEPICIENCIES SALISBURY, NC 28144 SUMMARY STATEMENT OF CHAINS AND SALISBURY, NC 28144 SUMMARY STATEMENT OF CHAINS AND SALISBURY, NC 28144 SUMMARY STATEMENT OF CHAINS AND SALISBURY, NC 28144 SUMMARY SALISBURY, NC 28144	DENTIFICATION NUMBER: MHL080-222 STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PULL REQULATORY ORLS: IDENTIFYING INFORMATION) EVENING WIth staff #2. He called her because he did not know what to do She could see on face time FC #4 was in FC #3's behavior or artifulde. The room and didn't do anything to stop [FC #4]." - "[Staff #2] awas in the room and didn't do anything to stop [FC #4]." - "[Staff #2] always had something against FC #3's behavior or attitude. Then [Staff #2] would ask the other kids they couldn't go places because of [FC #3's] behavior or attitude. Then [Staff #2] would ask the other kids, 'are you upset because you can't go anywhere? And how does that make you feel and what do you feel should be done about it? It was like [Staff #2] was manipulating the other kids to get mad at [FC #3] and maybe to fight [FC #3]." - Staff #2 told the other staff they had to go through him when things would come up. Staff #2 told the other staff he would be the one to talk to the Licensee about things that occurred in the group home, but she talked directly to the Licensee anyway She sent the video to the QP #1/RN the next day (8/30/22). When she first sent the video to the QP #1/RN was shocked when we talked on the phone after she saw the video and she asked, 'Is that [FC #4] punching [FC #3]? The QP #1/RN told

DHSR LIMITED USE STATEMENT OF (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLI		
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Revive n	ousing, LLC.		Long Stree	et.		
		Salisbury	, NC 28144			ı
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V512	#3's bedroom and not allowed that to - The QP #1/RN to the video to the Liback to her When she talked video on 8/30/22 to "what should I do? would fire staff #2 Review on 10/17/2 sent from FS #7 to 8/30/22 revealed: - On 8/30/22 at 1:: video taken by FS The recipient of the At the bottom of as a Text Message Interview on 10/14 - After staff #2 asswent to his bedroom FC #4 and staff abedroom FC #4 broke his headphones, and picked up those it ground. Some thir - He was not sure items out of his har "Then [FC #4] the head." - Staff #2 who wa #4 assaulted him, happen."	old her, she was sending icensee, and they would get it to the Licensee about the the Licensee asked her?" She told the Licensee she is 22 of screen shot of a text to the QP #1/RN dated 29 pm a screen shot of the 6 #7 of the 8/29/22 incident. The text was the QP #1/RN. The screen shot was "Sent Ite." 4/22 with FC #3 revealed: saulted him on 8/29/22 he om. #2 had come into his car, his sunglasses, wall charger. "[FC #4] ems and threw them on the ngs he threw at me." If FC #4 was trying to hit ands or hit him. The text had been soon while FC did "nothing he just let it 4/22 with FC #4 revealed:				
PROVIDER LI	ICENSEE OR LICENSEE DE		TITLE		DATI	E

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION		_				
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NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE			
Revive H	ousing, LLC.	523 North	Long Stree	et			
		Salisbury	, NC 28144				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V512	[FC #3] is not going that I like. [Staff #2] not my bio dad but - "You are d***n right room, and you are and threw his book Interview on 10/13 - What was seen in nothing to stop FO "that's not what hat - FC #3 was in his #4 was picking at screws on the insitient - FC #4 grabbed From the ground and the ground and the ground and the The Licensee king and not touching a staff in FC #3 after being to his bedroom. He was saying disrespecting staff "grabbed and small hands."	3/22 with staff #2 revealed: in the video of him doing C #4 from assaulting FC #3 appened." Is bedroom stating that FC his doors and knocking the ide of his door. FC #3's jacket off the floor if #3. "I said [FC #4] stop are ted up a motorcycle toy off rew it on the ground. In the mew about the incident. It supposed to be in his room another client." 3/22 with staff #4 revealed: ween FC #4 and FC #3 that it's bedroom happened on if #2 assaulted FC #3. It geassaulted by staff #2 went it is ewent down the hall to FC it staff #2 and FC #4 were is bedroom. It is an another C #4 and FC #4 were is bedroom. It is an another C #4 and FC #4 were is bedroom. It is an another C #4 and FC					
I PROVIDER L	 icensee or licensee de	SIGNEE'S SIGNATURE	 TITLE		DATE	<u> </u>	

DEFICIENC	TED USE STATEMENT OF DIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMPI	
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NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STAT	FE, ZIP CODE		
Revive H	ousing, LLC.	523 North	Long Stree	ıt.		
			NC 28144	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V512	FC #3's bedroom and staff #2 was r - FC #4 started debedroom and thro - "[Staff #2] again - After FC #4 three bedroom that is well bedroom to staff #2] should refer that staff #2] standing [FC #4] beating up doing nothing." - FS #7 had told held bedroom that is well bedroom that i	7/22 with FS #6 revealed: her the 8/29/22 video of g up against the wall and o on [FC #3] and [staff #2] is er she talked to the e video and sent the video FS #7 indicated to her that ed like she was shocked				
PROVIDER L	 ICENSEE OR LICENSEE DE	 SIGNEE'S SIGNATURE	TITLE		DAT	 Г Е

DEFICIENC	TED USE STATEMENT OF HES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLE	
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	ousing, LLC.		Long Stree			
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V512	years. "I gave my work for a comparemployees to bear Interview on 10/17 revealed: - The QP #1/RN v staff #2 were form times outside of w - After he talked to incident on 8/29/2 back to the group that FC #3 went to and FC #4 got into - According to staface. FC #4 threw didn't hit his face. with him, and he to The verbal altercation the phone with staff #2 and told situation." - The next day he #1 about the 8/29 to client #2 becaut room. He also tall about the incident documentation of clients and staff a - The QP #1/RN rehim. "I have never Interview on 10/17 revealed: - She had never situation of clients and staff a - The QP #1/RN rehim. "I have never Interview on 10/17 revealed:	vas his fiancée. He and her co-workers and talked at vork. It staff #2 about the first 2 (see finding #2), he called home and staff #2 stated his bedroom and FC #3 a verbal altercation. If #2, FC #4 got into FC #3's a coat at FC #3 "but it				
PROVIDER L	icensee or licensee de	SIGNEE'S SIGNATURE	TITLE		DATE	<u> </u>

DEFICIENC	TED USE STATEMENT OF IES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE : COMPL	
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NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STAT	ΓE, ZIP CODE		
Revive H	ousing, LLC.	523 North	Long Stree	et		
		Salisbury	, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE
V512	talked to the Licerhim a video and the never saw a video and the new a	wided any details about the ed the video, she stated if video staff #2 would not be 0/22 with FC #3's DSS LG e spectrum and "did not lie I shared with [the Licensee]." 22 of the Incident Response tem (IRIS) revealed: 9/3/22 9/6/22 6:13 pm who submitted the form:				
PROVIDER L	ICENSEE OR LICENSEE DE	SIGNEE'S SIGNATURE	TITLE		DAT	E

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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Revive H	ousing, LLC.	523 North	Long Stree	et	
		Salisburv	, NC 28144		
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V512	again!' Consumer 1 got in his face. (in the face resultir consumer 1 face. consumer 2 to his attended to consumer 2 to his attended to consumer 1 to can go seek medirefused to go. Who the other consumer the window and we leave). Staff attembut was unsuccess was notified when located. Legal gua approximately 9:00 from the [local pol the home of the lowas indicated that taken to [local host the laceration to the laceration t	e and to shut the f**k up 2 stood up after consumer Consumer 2 hit consumer 1 ng in a laceration to Staff immediately guided room while additional staff mer 1 to assess injury to ving the injury staff cal care was needed. Staff o put his shoes on so we cal care. Consumer 1 ille staff was gathering up ers, consumer 1 jumped out ent AWOL (absent without pted to locate consumer 1 sful in locating him. Police consumer 1 could not be ardian was notified. At 1 pm, a call was received ice department] notifying reation of consumer 1. It is consumer 1 would be spital] for treatment due to the face. Consumer 1 was reration and discharged at approximately 12 pm on #7 and review on 10/13/22 of FC #3 revealed: ken by FS #7 of FC #3 after from the hospital on 9/4/22. was swollen, and he had side of his mouth. 22 of FC #3's DSS LG case "message) from [the : This evening I was notified			
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DEFICIENC	TED USE STATEMENT OF IES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S	
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Revive H	ousing, LLC.	523 North	Long Stree	et.		
	3, -		, NC 28144			
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V512	altercation with arcut under his left jattention to just to information was swas made to on-c-9/6/22: "TC (tele [FC #3's DSS LG] reports that he wachild over the wee #3] reports that he group home after #3] says that he is group home today return. [FC #3] tel should expect that today. [FC #3's DS plan with [FC #3] so. [FC #3] shared that he would conknows where he's -9/6/22: "TC from LG]. [FC #3] shared the group home. [FC #3] to stay at could figure out no DSS LG] shared the group home. [FC #3] to stay at could figure out no DSS LG] shared the group home out	phone call) from [FC #3] to from school. [FC #3] as in a fight with another exend and he ran away. [FC was able to go back to the going to the hospital. [FC scared to go back to the and that he is unwilling to I [FC #3's DSS LG] that she the's going to run away SS LG] attempted to safety but he was unwilling to do d with [FC #3's DSS LG] tact her as soon as he				

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF PR	OVIDER OR SUPPLIER	STREET ADDF	RESS, CITY, STA	TE, ZIP CODE			
Revive H	lousing, LLC.	523 North	Long Stree	et			
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V512	DSS LG] requested enforcement to transphore to transphore to transphospital" Interview and obstaction of FC #3 - Observed a scar inches to the left of the complex of the left of the state of the left of the state of the left of th	approximately 1-1 ½ of FC #3's mouth. It with client #1, 2-3 days incident with staff #2. It client #2 were in the picking at him and he told ind #2) to "shut up." Is across the hallway in the what was going on and he at up. Client #1 asked him g to like that and he told up." Indid "I know you aren't telling ind started calling him names. In and he stood up. When It "hit me with his fist." Itice there was a hole there mouth)." In a living room when he got #1. In icture of his injury and sent who said he needed of feel he needed stitches, bedroom and left the group					

TITLE

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STAT	TE, ZIP CODE			
Revive H	ousing, LLC.	523 North	Long Stree	t			
		Salisbury	NC 28144			_	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V512	bathroom where in mouth and it was employee at the loghth of the part of the p	staff #2] did anything was grabbed [client #1] and he room." was feeling unsafe and like I here anymore. So I jumped and left." 7/22 and 10/12/22 with client he 8/29/22 incident he, FC were having dinner in the elves. Staff #2 was the only he was across the hallway when the fight started. In the staff #2 had come of his mouth and FC #3 fell thought staff #2 had come of FC #3. FC #3 went to the compare the staff #2 and 10/12/22 with					
PROVIDER L	kitchen Client #1 and FC argument and Clieface. "[FC #3] got	d the clients were in the C#3 got into a verbal ent #1 punched FC #3 in the a huge cut from it. The cut mouth on the left side."	TITLE		DAT	ΓE	

DEFICIENC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	-	CONSTRUCTION	(X3) DATE SI COMPLE	
AND PLAN	OF CORRECTION					
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NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	ΓE, ZIP CODE		
Revive H	ousing, LLC.	523 North	Long Stree	et		
		Salisbury,	, NC 28144			
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V512		dy been punched in the "by the time [staff #2]				
	- She picked up F he was discharged - FC #3 "was refused he thought I was was "Scared to co thought I was wor - She reassured F be working for the - "I witnessed [FC room when [staff #4] Interview on 10/14 adoptive mother re - She saw FC #3 a 9/3/22 incident - FC #3 told her the further told her that the room where he	sing to go with me because working with [staff #2]." Icensee and told him that go with her because FC #3 me with me because he king with [staff #2]." IC #3 that staff #2 would not next 2 days. If a laways staying in his #2] worked." If 22 with FC #3's potential evealed: If a couple of days after the last while things were that staff #2 did not come into the and the other clients were alate until "they were				
	Interview on 10/13 revealed: - There was no so and when FC #3 h	3/22 with FC 3's teacher hool on 9/5/22 (Labor Day) had come to school on that he went to the hospital				
PROVIDER L	when he and anot altercation He told her staff area and heard th	#2 was in the living room e verbal altercation going g about it until the other	TITLE		DATE	<u>:</u>

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER		RESS, CITY, STA			
Revive Ho	ousing, LLC.	523 North	Long Stree	et		
		Salisbury,	NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V512	he had stitches ins mouth. The client was going to "finis	n. He was punched so hard side and outside of his who hit FC #3 told him he he that job" when he got that is why he ran on				
	- He was in the live the fight occurred #1. The clients were dinner. He was the working While he was were living room he heat shut the f**k up." - He went into the #3, client #1 and of at the table arguin have to be separated f**k up telling me to [client #1] swung at cheek." - Once client #1 his go to his room He wiped the block FC #3 told him he and "kick [client #1] his go to his room He walked FC #3 #1 from his room so alone in the kitched. He called the Liceneeded medical at he walked back him going out of his social was a series of the serie	3 to his room and got client so that client #1 could eat en. ensee who told him FC #3 ttention. to FC #3's room and saw is window.				
PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE		TITLE		DATE		

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DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA		` ′	CONSTRUCTION		E SURVEY	
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NAME OF PR	OVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE		
Revive H	ousing, LLC.	523 North	Long Stree	et		
		Salisbury	, NC 28144			
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TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	CROSS-REFERENCED TO DEFICIEN		DATE	
V512	Interview on 10/1	7/22 with the Licensee				
	revealed:					
		#1 told him they were in				
	_	9/3/22 and client #2 was at Client #2 told him he was at				
	the kitchen table					
		to him that he was hit by				
	-	ot give a reason. Client #1				
	reported to him th	at FC #3 was being				
		ve" and that FC #3 was				
	_	. Client #1 reported to him				
	_	3 because he was tired of				
	him standing over him Staff #2 told him FC #3 and client #1 were in the living room arguing over a game and					
		ne kitchen. Staff # 2 further				
		3 kept saying things to				
		o an altercation. Staff #2				
	said that client #1	felt threatened and				
	punched FC #3 by	y the jaw line. Staff #2				
	•	him, that staff #2 was				
		g room couch and "broke it				
		FC #3 quickly stood over				
	_	d client #1 punched FC #3.				
	_	and he drove around and called the police.				
	looking for 1 0 #0	and caned the police.				
	Interview on 10/17 revealed:	7/22 with the QP #1/RN				
		w a lot about the incident.				
	- "[The licensee] was the person who handled					
	that incident."					
	Review on 10/17/	22 of the Plan of Protection				
		ritten by the Licensee				
		action will the facility take to				
		of the consumers in your				
	care?	··· , - ···				
ROVIDER L	ICENSEE OR LICENSEE DE	SIGNEE'S SIGNATURE	TITLE		D	ATE

IES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	-		(X3) DATE S COMPL	
OF CORRECTION		A. BOILDING			
MHI 080-222		R WING		10-2	0-2022
<u> </u>			TE. ZIP CODE	<u> </u>	
ousing LLC					
ouog, 220.		•			
	Salisbuly	, INC 20144			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETE DATE
communication to members outlining to HCPR per staff send out commun from harm, abuse This will include the Reporting of all incommentation of Proper reporting of Termination of staresulting in neglect Describe your plant happens. QP #2 will be requall Revive Housing Staff members has reporting requirem document outlining above. Employee October 17th, 2022 the termination via followed with writtens.	all Revive Housing staff grequirements for reporting allegations. QP #2 will ication outlining protection, neglect, or exploitation. The following: cidents involving clients occurred incident occurred incident of incident (DSS, IRIS, etc.) of involved in incident of client. The sto make sure the above wired to provide notice that give been informed of the nents. QP #2 will provide go the requirements as noted termination completed on the entire of the nents. It is to make sure the above of the nents. QP #2 will provide go the requirements as noted termination completed on the notice.				
who had diagnose ODD. According guardian he is also	es not limited to: ADHD and to FC #3's DSS legal to on the autism spectrum.				
targeted by staff # Staff #2 grabbed F occasion to get a #2 physically assa occasion and grab While FC #3 was bag thrown at his stood in the same protect FC #3. Th	22 and fearful of staff #2. FC #3 by his neck on one radio from FC #3 and staff rulted FC #3 on another obed FC #3's neck again. Dependent of a book head by a client, staff #2 room and did nothing to the room a fourth occasion,				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETTICENCY OR LETTICENCY REGULATORY OR LETTICENCY REGULATORY OR LETTICENCY OR LETTICENCY OR LETTICENCY REGULATORY OR LETTICENCY OR LETTIC	MHL080-222 OVIDER OR SUPPLIER OUSING, LLC. SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) QP #2 will immediately send out communication to all Revive Housing staff members outlining requirements for reporting to HCPR per staff allegations. QP #2 will send out communication outlining protection from harm, abuse, neglect, or exploitation. This will include the following: Reporting of all incidents involving clients Documentation of occurred incident Proper reporting of incident (DSS, IRIS, etc.) Termination of staff involved in incident resulting in neglect of client. Describe your plans to make sure the above	MHL080-222 OVIDER OR SUPPLIER OUSING, LLC. SIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) QP #2 will immediately send out communication to all Revive Housing staff members outlining requirements for reporting to HCPR per staff allegations. QP #2 will send out communication outlining protection from harm, abuse, neglect, or exploitation. This will include the following: Reporting of all incidents involving clients Documentation of occurred incident Proper reporting of incident (DSS, IRIS, etc.) Termination of staff involved in incident resulting in neglect of client. Describe your plans to make sure the above happens. QP #2 will be required to provide notice that all Revive Housing Staff members have been informed of the reporting requirements. QP #2 will provide document outlining the requirements as noted above. Employee termination completed on October 17th, 2022. Employee was notified of the termination via telephone and will be followed with written notice." The facility served minor children and FC #3 who had diagnoses not limited to: ADHD and ODD. According to FC #3's DSS legal guardian he is also on the autism spectrum. FC #3, while living in the group home, was targeted by staff #2 and fearful of staff #2. Staff #2 grabbed FC #3 by his neck on one occasion to get a radio from FC #3 and staff #2 physically assaulted FC #3 on another occasion and grabbed FC #3's neck again. While FC #3 was punched at and had a book bag thrown at his head by a client, staff #2 stood in the same room and did nothing to protect FC #3. Then on a fourth occasion,	MHL080-222 MHL080-222 MHL080-222 STREET ADDRESS, CITY, STATE, ZIP CODE OUSING, LLC. S23 North Long Street Salisbury, NC 28144 SUMMARY STATEMENT OF DEFICIENCIES (ECC) EPPCONON MUST BE PROCEDED BY FULL (ECC) LEPTICHNO'R MUST BY FULL (ECC) LEPTICHNO'R	IDENTIFICATION NUMBER: MHL080-222 B. WING ONDER OR SUPPLIER OUSING, LLC. 523 North Long Street Salisbury, NC 28144 SUMMARY STATEMENT OF DESCIPEURS (EACH DEFOILENCY MUST RE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) QP #2 will immediately send out communication to all Revive Housing staff members outlining requirements for reporting to HCPR per staff allegations. QP #2 will send out communication outlining protection from harm, abuse, neglect, or exploitation. This will include the following: Reporting of all incidents involving clients Documentation of occurred incident Proper reporting of incident (DSS, IRIS, etc.) Termination of staff involved in incident resulting in neglect of client. Describe your plans to make sure the above happens. QP #2 will be required to provide notice that all Revive Housing Staff members have been informed of the reporting requirements. QP #2 will provide document outlining the requirements as noted above. Employee termination completed on October 17", 2022. Employee was notified of the termination via telephone and will be followed with written notice.* The facility served minor children and FC #3 who had diagnoses not limited to: ADHD and ODD. According to FC #3's DSS legal guardian he is also on the autism spectrum. FC #3, while living in the group home, was targeted by staff #2 and fearful of staff #2. Staff #2 grabbed FC #3 by his neck on one occasion to get a radio from FC #3 and staff #2. Staff #2 grabbed FC #3 on another occasion and grabbed FC #3 on another occasion in the same room and did nothing to protect FC #3. Then on a fourth occasion,

TITLE DATE

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER: MHL080-222			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C 10-20-2022	
		B. WING				
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
Revive H	ousing, LLC.	523 North	Long Stree	et		
	3,		, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V512	escalating with the On this occasion, mouth by a client the outside and in QP #1/RN indicate about these incide of staff #2 doing n was being assault fiancé, the License FC #3 being assaulted by clien #2 assaulted by clien #2 assault FC #3 witnessed staff #2 while a client assawitnessed the inci intervene and faile until the next day, was not completed there were allegated. This deficiency conviolation for serious abuse and must be An administrative imposed. If the vicinity of \$500.00	e could hear things e clients in another room. FC #3 was punched in the which required stitches on side of his face/mouth. The ed she either knew nothing ents, denied seeing a video othing to protect FC #3 who ed by a client or let her ee, handle the incidents of ulted by staff #2 and ts. Staff #4 witnessed staff then a few minutes later do nothing to intervene eulted FC #3. Staff #4 who dents on 8/29/22 did not ed to report the incidents An internal investigation d when it was known that ions against staff #2. Institutes a Type A1 rule is neglect and serious e corrected within 23 days. penalty of \$5000.00 is olation is not corrected additional administrative of per day will be imposed accility is out of compliance lay.				
V736	27G .0303(c) Faci Maintenance	ility and Grounds				
	EXTERIOR REQU	0303 LOCATION AND JIREMENTS nd its grounds shall be				
PROVIDER L	 ICENSEE OR LICENSEE DE:	SIGNEE'S SIGNATURE	 TITLE		DATE	.

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MHL080-222		B. WING		C 10-20-2022	
NAME OF PR	OVIDER OR SUPPLIER		RESS, CITY, STA	TE ZIP CODE	
Revive Housing, LLC. 523 North Long Street Salisbury, NC 28144					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V736	orderly manner and shall odor. This Rule is not Based on observations from and orderly manner and shall orderly manner and ord	the left side of the home ush with a vine on front edrooms were missing 17/22 with the Licensee on the wasp nest on the landscaping "take care"			

TITLE