STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and complaint survey was completed on September 15, 2023. One complaint was substantiated (intake #NC00206516), and two complaints were unsubstantiated (intakes #NC00206421 and #NC00206772). 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 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility	V 114		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

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V 114	Continued From page 1 failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings: Review on 9/14/23 of facility records from 7/01/22 - 6/30/23 revealed: - 1st quarter (July - September) 2022: No disaster or fire drills documented. - 2nd quarter (October - December) 2023: No disaster or fire drills documented. - 3rd quarter (January - March) 2023: No disaster or fire drills documented. - 4th quarter (April - June) 2023: No fire drills documented for 1st, 2nd, and 4th shifts. Interview on 9/14/23 Assistant Program Director stated: - She was unable to locate the drills completed for 2022. - She would review fire disaster drills with staff to ensure all shifts were completed.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

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V 118	Continued From page 2 (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews, interviews and observations, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting 2 of 3 audited clients (#2 and #4). The findings are: Finding #1: Review on 9/14/23 of client #2's record revealed: - 14 year old male admitted 6/27/23. - Diagnoses included Disruptive Mood Dysregulation Disorder, Conduct Disorder, childhood onset; Attention Deficit Hyperactivity Disorder (ADHD), combined presentation; Specific Learning Disorder with impairment in reading; Specific Learning Disorder with impairment in written expression; Child Neglect (victim).	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

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V 118	Continued From page 3	V 118		

- Physician's orders signed as follows:
6/27/23 hydroxyzine (antihistamine)10 milligrams (mg) 3 tablets every morning; atomoxetine (ADHD) 40 mg 1 tablet every morning; and quetiapine (antipsychotic) 400 mg 1 tablet at bedtime.
7/27/23 hydroxyzine 10 mg 1 tablet three times daily; atomoxetine 60 mg 1 capsule every morning.

Review on 9/14/23 of client #2's MARs for June - September 2023 revealed:
- Transcriptions for hydroxyzine 10 mg 3 tablets every morning (7/01/23 - 8/18/23) and hydroxyzine 10 mg 1 tablet three times daily (8/19/23 - 9/14/23) 7:00 am, 2:00 pm, and 7:00 pm.
- Transcriptions for atomoxetine 40 mg 1 capsule every morning (7/01/23 - 8/18/23) and atomoxetine 60 mg 1 capsule every morning (8/19/23 - 9/14/23) 7:00 am.
- Transcription for quetiapine 40 mg 1 tablet at bedtime (7/01/23 - 9/14/23).
- The following blanks: hydroxyzine 10 mg 9/13/23 2:00 pm, 7:00 pm; atomoxetine 60 mg 9/13/23 7:00 am; and quetiapine 40 mg 9/13/23 7:00 pm.
- Staff documented atomoxetine was administered as ordered 7:00 am 9/13/23.

Review on 9/14/23 of client #2's "Medication Count" sheet for atomoxetine 9/01/23 - 9/14/23 revealed:
- 9/11/23 7:00 am 2 tablets on hand, 1 administered, 1 remaining.
- 9/12/23 7:00 am 1 tablet on hand, 1 administered, 0 remaining.
- 9/13/23 7:00 am 0 tablets on hand.

Review on 9/15/23 of client #2's September 2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

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V 118	Continued From page 4	V 118		

MAR revealed staff initials for administration of hydroxyzine at 2:00 pm and 7:00 pm; and atomoxetine and quetiapine at 7:00 pm on 9/13/23.

Finding #2:
Review on 9/14/23 of client #4's record revealed:
- 14 year old male admitted 7/14/23.
- Diagnoses included ADHD, Depression, and Oppositional Defiant Disorder.
- Physician's orders signed as follows:
6/1/23 dexmethylphenidate (ADHD)10 mg 1 tablet every day and dexmethylphenidate XR (extended release) 25 mg 1 capsule every morning.
5/31/23 guanfacine (ADHD) 1 mg 1 tablet at bedtime.

Review on 9/14/23 of client #4's MARs for June - September 2023 revealed:
- Transcription for dexmethylphenidate 10 mg 1 tablet every day (7/01/23 - 9/14/23) 1:00 pm.
- Transcription for dexmethylphenidate XR 25 mg 1 capsule every morning (7/01/23 - 9/14/23) 7:00 am.
- Transcription for guanfacine 1 mg 1 tablet at bedtime (7/01/23 - 9/14/23) 7:00 pm.
- The following blanks: dexmethylphenidate 10 mg 7/28/23 - 7/31/23, 8/6/23, 8/28/23, 9/11/23 - 9/13/23 1:00pm; dexmethylphenidate XR 25 mg 7/16/23 - 7/31/23, 8/28/23, 9/12/23, 9/14/23 7:00 am; and guanfacine 1 mg 9/10/23 and 9/13/23 7:00pm.

During interview on 9/15/23 client #2 stated:
- He took his medications daily.
- The facility "ran out" of one of his medications "a couple of days ago" but they were able to get a refill from the pharmacy the next day.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

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V 118	Continued From page 5 During interview on 9/15/23 client #4 stated: - He took his medications daily. - There had only been a few days where the facility did not have his meds on hand and he hadn't take them due to the lack of availability. During interview on 9/14/23 staff #1 stated medications were always available for administration. During interview on 9/14/23 staff #2 stated: - One of her responsibilities was to administer medications. - Medications were always available. - "We call the pharmacy when we get down to the last 10 pills." During interviews on 9/14/23 and 9/15/23 the Assistant Program Director stated: - Client #4 received dexmethylphenidate 10 mg after he returned home from school at 4:00pm and not 1:00pm as was listed on his MAR. - She would call the pharmacy to get a correction to the administration time of dexmethylphenidate 10 mg. - All other medications were administered as prescribed by the physician. - She would ensure MARs were signed off and completed properly moving forward. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL	V 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

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V 132	Continued From page 6 REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.	V 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

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V 132	Continued From page 7	V 132		

This Rule is not met as evidenced by:
Based on record reviews and interviews the facilty failed to report allegations of abuse to the Health Care Personnel Registry (HCPR) for 1 of 3 audited staff (#1). The findings are:

Review on 9/14/23 of client #1's record revealed:
- 14 year old male admitted 12/15/22.
- Diagnoses included Oppositional Defiant Disorder.

During interview on 9/15/23 client #1 stated:
- He had lived at the facility since December 2022.
- He had not witnessed or experienced any abuse or neglect by staff.
- He "wrote a complaint" because staff #1 made inappropriate comments about a female staff; he gave the letter to the Licensee.

Review on 9/14/23 of staff #1's personnel record revealed:
- Title Counselor II, hired 7/24/23.
- "General New Employee Orientation" training dated 7/24/23 included client's rights.

During interview on 9/14/23 staff #1 stated:
- He had not witnessed any acts of verbal or physical abuse of any client by staff.
- He would report client abuse "to management."
- He had never hit nor cursed at any of the clients.
- "If anything happens it doesn't happen on my shift; the boys know it's all about respect for me."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

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V 132	Continued From page 8 - He had not been involved in any illegal drug use and had not seen nor suspected any other staff of illegal drug use. During interviews on 9/14/23 and 9/15/23 the Assistant Program Director stated: - There had been no allegations of physical or verbal abuse made by clients. - Client #1 made allegations that "a male staff was beating on him and trying to get him to smoke weed;" the male staff was staff #1. - Staff #1 "held [client #1] accountable and he (client #1) didn't like his consequences so [client #1] wrote a letter and let his DSS (Department of Social Services) Social Worker read it . . . ;" client #1's letter included allegations of abuse against staff #1. - She would ensure that notifications were completed to HCPR in the future.	V 132		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate.	V 364		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 364	Continued From page 9 The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive 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 the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals; (4) Make visits outside the custody of the facility unless: a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding; b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision; (5) Be out of doors daily and have access to facilities and equipment for physical exercise	V 364		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 364	Continued From page 10	V 364		

several times a week;
(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;
(7) Participate in religious worship;
(8) Keep and spend a reasonable sum of his own money;
(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and
(10)Have access to individual storage space for his private use.
(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.
Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:
(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;
(2) Contact and consult with, at his own expense

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 364	Continued From page 11	V 364		

or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and
(3) Contact and consult with a client advocate, if there is a client advocate.
The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.
(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:
(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;
(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;
(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;
(4) Receive special education and vocational training in accordance with federal and State law;
(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;
(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;
(7) Participate in religious worship;
(8) Have access to individual storage space for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 364	Continued From page 12 the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10)Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.	V 364		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 364	Continued From page 13	V 364		

This Rule is not met as evidenced by:
Based on observations, record reviews and interviews the facility restricted the rights of 3 of 3 audited clients (#1, #2, and #4) by restricting their access to food and failed to follow up and document the restriction as required. The findings are:

Observations on 9/14/23 at approximately 2:20pm of the facility revealed:
- A visible cord with lock was wrapped around the refrigerator door, and strung through multiple cabinet doors within the kitchen.

Review on 9/14/23 of client #1's record revealed:
- 14 year old male admitted 12/15/22.
- Diagnoses included Oppositional Defiant Disorder.
- Treatment/habilitation plan dated 12/16/22 and updated 9/12/23 did not include documentation of food related behaviors.
- No documentation of detailed reason for the rights restriction and no ongoing evaluation of the restriction.

Review on 9/14/23 of client #2's record revealed:
- 14 year old male admitted 6/27/23.
- Diagnoses included Disruptive Mood Dysregulation Disorder, Conduct Disorder, childhood onset; Attention Deficit Hyperactivity Disorder (ADHD), combined presentation; Specific Learning Disorder with impairment in reading; Specific Learning Disorder with impairment in written expression; Child Neglect (victim).
- Treatment/habilitation plan dated 5/01/23 and updated 7/26/23 did not include documentation of

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	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 364	Continued From page 14	V 364		

food related behaviors.
- No documentation of detailed reason for the rights restriction and no ongoing evaluation of the restriction

Review on 9/14/23 of client #4's record revealed:
- 14 year old male admitted 7/14/23.
- Diagnoses included ADHD, Depression, and Oppositional Defiant Disorder.
- Treatment/habilitation plan dated 7/24/2023 did not include documentation of food related behaviors
- No documentation of detailed reason for the rights restriction and no ongoing evaluation of the restriction

During interview on 9/15/23 client #1 stated:
- He had lived at the facility since December 2022.
- Food in the house was locked up.
- The facility had locked up the food after a former client (unknown) continued to steal the food.
- He got enough to eat at the facility.

During interview on 9/15/23 client #2 stated:
- Food in the refrigerator was locked up and clients had to ask for snacks, as they were "a privilege."
- He got plenty to eat at the facility.

During interview on 9/15/23 client #4 stated:
- He had lived at the facility for approximately 3 months.
- Some of the snacks at the facility were locked up so the clients "don't get in there."
- He got plenty to eat at the facility.

During interviews on 9/14/23 and 9/15/23 the Assistant Program Director stated:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

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LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

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V 364	Continued From page 15 - Locks had been placed on some cabinets and refrigerator door to prevent theft by employees and excessive use by clients who would hoard the food in their bedroom. - Locks would be removed from the cabinet doors and refrigerator door. - The management team would have a meeting to strategize on how best to secure the food in the facility, while also keeping the food free of locks and accessible to clients.	V 364		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 366	Continued From page 16	V 366		

Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.
(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:
(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;
(B) gather other information needed;
(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and

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	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

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V 366	Continued From page 17 (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on records reviews and interviews, the facility failed to implement written policies governing their responses to level II and III incidents. The findings are:	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

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V 366	Continued From page 18 Review on 9/14/23 and 9//15/23 of facility records revealed no incident report to address an allegation of abuse against staff #1. During interviews on 9/14/23 and 9/15/23 the Assistant Program Director stated: - There had been no allegations of physical or verbal abuse made by clients. - Client #1 made allegations that "a male staff was beating on him and trying to get him to smoke weed;" the male staff was staff #1. - Staff #1 "held [client #1] accountable and he (client #1) didn't like his consequences so [client #1] wrote a letter and let his DSS (Department of Social Services) Social Worker read it . . . ;" client #1's letter included allegations of abuse against staff #1 .- An incident was never completed after staff and clients were questioned and the allegation was determined to be false. - All allegations would be reported as required moving forward.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

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V 367	Continued From page 19	V 367		

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

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	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

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LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

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V 367	Continued From page 20 Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to report critical incidents to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours as	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 367	Continued From page 21 required. The findings are: Review on 9/13/23 of the North Carolina Incident Response Improvement System (IRIS) revealed no level III incident reports submitted by the facility. Review on 9/14/23 of client #1's record revealed: - 14 year old male admitted 12/15/22. - Diagnoses included Oppositional Defiant Disorder. During interview on 9/15/23 client #1 stated: - He had lived at the facility since December 2022. - He had not witnessed or experienced any abuse or neglect by staff. Interview on 9/14/23 and 9//15/23 the Assistant Program Director stated: - There had been no allegations of physical or verbal abuse made by clients. - Client #1 made allegations that "a male staff was beating on him and trying to get him to smoke weed;" the male staff was staff #1. - Staff #1 "held [client #1] accountable and he (client #1) didn't like his consequences so [client #1] wrote a letter and let his DSS (Department of Social Services) Social Worker read it . . . ;" client #1's letter included allegations of abuse against staff #1 - An incident was never completed after staff and clients were questioned and the allegation was determined to be false. - All allegations would be reported as required moving forward.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights	V 500		

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	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

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LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

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V 500	Continued From page 22 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.	V 500		

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	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

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V 500	Continued From page 23 (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to report to the Department of Social Services in the county where services are provided all allegations of resident abuse by health care personnel. The findings are: Review on 9/14/23 and 9/15/23 of facility records revealed no reports of allegations of abuse to the local DSS. Review on 9/14/23 of client #1's record revealed: - 14 year old male admitted 12/15/22. - Diagnoses included Oppositional Defiant Disorder. During interview on 9/15/23 client #1 stated:	V 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE OPPORTUNITIES, INC-'STRIVING FOR A I	4224 MCLEOD ROAD RED SPRINGS, NC 28377

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V 500	Continued From page 24 - He had lived at the facility since December 2022. - He had not witnessed or experienced any abuse or neglect by staff. Interview on 9/14/23 and 9//15/23 the Assistant Program Director stated: - There had been no allegations of physical or verbal abuse made by clients. - Client #1 made allegations that "a male staff was beating on him and trying to get him to smoke weed;" the male staff was staff #1. - Staff #1 "held [client #1] accountable and he (client #1) didn't like his consequences so [client #1] wrote a letter and let his DSS (Department of Social Services) Social Worker read it . . . ;" client #1's letter included allegations of abuse against staff #1 - An incident was never completed after staff and clients were questioned and the allegation was determined to be false. - All allegations would be reported as required moving forward.	V 500		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview the Licensee failed to maintain the facility in a safe, clean, attractive, orderly manner. The findings are: Observation of the facility on 9/14/23 at	V 736		

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	MHL078-329	A. BUILDING: _____ B. WING _____	09/15/2023

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V 736	Continued From page 25 approximately 2:20pm revealed: - A drawer front was missing from the kitchen cabinet near the sink. - Client #1's room had a crack extending down the drywall; there was no covering on client #1's bedroom closet space; the dresser was missing drawer pulls; the top hinge of the bedroom door was loose. - Client #2's room had broken blinds to the left upon entry to the room. The wall next to the closet had a crack extending the length of the wall. - Upon entry into client #3's room, the left and right corner of the flooring was bubbling up and loose and an electrical outlet was loose to the touch. - The doorknob to the hall bathroom was loose to the touch and not securely fastened to the door. - The mirror in bathroom #2 had a black discoloration on the left hand side. The paper towel dispenser to the left of the sink and the toilet paper holder were broken. The molding around the bathtub/shower was separating from the wall and was loose. The floor molding was separating from the tub. The light bulb was exposed and was loose in the socket; the window blind had 2 broken slats. During interview on 9/14/23 the Assistant Program Director stated: - She would ensure that the repairs were completed by the maintenance team. - An electrician was contacted to make repairs to the facilty as needed.	V 736		