

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 4/15/24. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>The facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for</p>	V 109		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 109	<p>Continued From page 1</p> <p>MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, 1 of 3 qualified professionals (QP) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 4/8/24 of the QP's personnel record revealed: - Hire date: 2/3/23 - Met the qualifications for QP status.</p> <p>Review on 4/8/24 of client #1's record revealed: - Admission date: 10/10/22 - Age: 12 - Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD) and Disruptive Mood Dysregulation Disorder (DMDD)</p> <p>Refer to V296 for evidence that the QP did not demonstrate knowledge, skills and abilities required by the population served on 3/23/24.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1</p>	V 109		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 109	Continued From page 2 rule violation and must be corrected within 23 days.	V 109		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 110	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 3 of 11 paraprofessional staff (#1, #4, and #7) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 4/15/24 of staff #1's personnel record revealed: - Hire date: 10/14/21 - Met the qualifications as a Paraprofessional</p> <p>Review on 4/15/24 of staff #7's personnel record revealed: - Hire date: 2/17/24 - Met the qualifications as a Paraprofessional</p> <p>Review on 4/8/24 of client #1's record revealed: - Admission date: 10/10/22 - Age: 12 - Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD) and Disruptive Mood Dysregulation Disorder (DMDD)</p> <p>Review on 4/10/24 of client #2's record revealed: - Admission date: 8/24/23 - Age: 16 - Diagnoses: ADHD; Post-Traumatic Stress Disorder; Conduct Disorder; DMDD; and Adjustment Disorder</p> <p>Review on 4/10/24 of client #3's record revealed: - Admission date: 6/13/23 - Age: 16 - Diagnoses: Conduct Disorder; Oppositional Defiant Disorder; Cannabis Use Disorder; and ADHD</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 110	<p>Continued From page 4</p> <p>Review on 4/8/24 of client #4's record revealed: - Admission date: 8/3/23 - Age: 17 - Diagnoses: ADHD and Adjustment Disorder</p> <p>Refer to V296 for evidence that staff #4 did not demonstrate knowledge, skills and abilities required by the population served on 3/23/24</p> <p>Refer to V296 for evidence that staff #7 did not demonstrate knowledge, skills and abilities required by the population served on 2/24/24 and on 3/23/24.</p> <p>Refer to V296 for evidence that staff #1 did not demonstrate knowledge, skills and abilities required by the population served on 1/26/24</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 110		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies</p>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 114	<p>Continued From page 5</p> <p>accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly on each shift. The findings are:</p> <p>Review on 4/8/24 of the facility's fire and disaster drill log from 4/1/23 - 3/24/24 revealed:</p> <ul style="list-style-type: none"> - There were no fire drills practiced during the first quarter of 2024 (January - March). - A 1st and 3rd shift disaster drill had not been practiced during the second quarter of 2024 (April - June). - A 2nd and 3rd shift disaster drill had not been practiced during the third quarter of 2024 (July - September). - A 1st and 2nd shift disaster drill had not been practiced during the fourth quarter of 2024 (October-December). <p>Interview on 4/10/24 with client #1 revealed:</p> <ul style="list-style-type: none"> - The clients do not practice fire drills. - "I know they (staff) are supposed to practice the drills but they don't. They have a fire drill book and they don't use it." <p>Interview on 4/8/24 with client #2 revealed:</p> <ul style="list-style-type: none"> - The clients practice fire and disaster drills but "not every month." - The clients did not practice the drills early in the morning nor during the night. <p>Interview on 4/11/24 with staff #7 revealed:</p> <ul style="list-style-type: none"> - She had practiced only fire drills with the clients. 	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 114	<p>Continued From page 6</p> <p>Interview on 4/11/24 with staff #1 revealed: - He practiced fire and disaster drills "quarterly" with the clients.</p> <p>Interview on 4/8/24 with the Licensee/Director revealed: - 1st shift fire and disaster drills are practiced: 7am- 3pm. - 2nd shift fire and disaster drills are practiced: 3 pm-11 pm - 3rd shift fire and disaster drills are practiced: 11 pm- 7 am - "I know we do disaster drills one time quarterly and fire drills once a month or three times quarterly."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 118	<p>Continued From page 7</p> <p>current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <ul style="list-style-type: none"> (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. <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, observations and interviews, the facility failed to administer on the written order of a physician and a Medication Administration Record (MAR) was not current, affecting 1 of 4 clients (#4). The findings:</p> <p>Review on 4/8/24 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admission: 8/3/23 - Diagnoses: Attention Deficit Hyperactivity Disorder and Adjustment Disorder - Physician order dated 7/5/23 for: Vitamin D3 50 micrograms (mcg) (2000 IU (International Units)) at 8:00 am. <p>Review on 4/9/24 of client #4's MARs from 2/1/24-4/9/24 revealed:</p> <ul style="list-style-type: none"> - Vitamin D3 (supplement) 50 mcg (5,000 IU): Take one tablet by mouth every day. - There was a staff initial every day from 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 118	<p>Continued From page 8</p> <p>2/1/24-4/9/24 reflecting he had received 5000 IUs of vitamin D3 every day.</p> <p>Observation at approximately 3:41 pm on 4/9/24 revealed: - Vitamin D3 bottle had a label that read, "D3 5000 IU (125 mcg)"</p> <p>Interview on 4/12/24 with the Associate Professional revealed: - She was a registered nurse and reviewed the clients' MAR sheets. - "The person who bought the bottle interpreted the 50 mcg as 5,000 IUs. I didn't realize they bought a 5,000 IU bottle."</p> <p>Interview on 4/12/24 with the local pharmacist revealed: - She was not concerned that client #4 had received 5,000 IU of Vitamin D3 instead of the 2,000 IU that was ordered by his physician. - "The only thing (of concern) would be what his levels are."</p>	V 118		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL 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.</p>	V 132		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 132	<p>Continued From page 9</p> <p>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.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to report an allegation against health care personnel to the Health Care Personnel Registry (HCPR) for 1 of 2 audited paraprofessional staff (staff #1). The findings are:</p>	V 132		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 132	<p>Continued From page 10</p> <p>Review on 4/10/24 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - Date of incident: 12/7/23 - Submitted by: the Licensee/Director - 12/7/23 incident of staff #1 hitting client #4 in the face/nose. - "Does this incident include an allegation against the facility? No" - The facility did not report allegations of abuse by staff #1 to the HCPR. <p>Interview on 4/12/24 with the Licensee/Director revealed:</p> <ul style="list-style-type: none"> - He did not report staff #1 to the HCPR "because it was not abuse." 	V 132		
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p> <p>(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.</p> <p>(d) The children or adolescents served shall</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 293	<p>Continued From page 11</p> <p>require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review, and interview, the facility staff failed to ensure continuous staff supervision; ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint in order to</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 293	<p>Continued From page 12</p> <p>minimize the occurrence of behaviors related to functional deficits affecting 4 of 4 clients (#1-#4). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109). Based on interviews and record reviews, 1 of 3 qualified professionals (QP) failed to demonstrate the knowledge, skills, and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (Tag V110). Based on record reviews and interviews, 3 of 11 paraprofessional staff (#1, #4 and #7) failed to demonstrate the knowledge, skills and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296). Based on record review and interviews, the facility failed to have two direct care staff present for up to four adolescents while the adolescents were awake or asleep affecting 4 of 4 clients (#1 - #4).</p> <p>Review on 4/15/24 of the Plan of Protection dated 4/15/24 written by the Associate Professional (AP) revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) Revive Housing Director will immediately (4/15/24) assess the Qualified Professional and Associate Professional via direct shift observation to ensure their competencies in the population being served. The Director will immediately rectify</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 293	<p>Continued From page 13</p> <p>any gaps found in direct observation and correct these gaps with on-the-spot training. Communication will also be sent out to every staff member to cover safety of clients, housing protocol, de-escalation techniques.</p> <p>10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) AP will immediately assess (4/15/24) staffed paraprofessionals via direct shift observation to ensure their competencies in the population being served. The AP will immediately rectify any gaps found in direct observation and correct gaps found with on-the-spot training. Communication will also be sent out to every staff member to cover safety of clients, housing protocol, and de-escalation techniques.</p> <p>10A NCAC 27 G .1704 Minimum Staffing Requirements (V296) Revive AP/QP will immediately begin shift checks (4/15/24) to ensure there is adequate staffing of two staff members per shift. A reminder will be sent all to have Revive Housing employees follow protocol when a shift cannot be made to ensure there is adequate staffing on each shift. In addition, Revive Housing continues with hiring of staff to meet the minimum staffing requirements. This is an ongoing process due to high turnover rates within the level III facilities. There are currently several active staff members available to meet the staffing requirements.</p> <p>10A NCAC 27 G .1701 scope (293) The Director will immediately review (4/15/24) the files of each client and staff to make sure that the necessary trainings are completed and, in their files, to support the client being served. Director will ensure that all on shift assessments are completed today with any necessary on the spot training. Additionally, the director will ensure the necessary communications are shared today to address housing protocol and policy as well as</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 293	<p>Continued From page 14</p> <p>de-escalation techniques. The director will review as often as necessary. The goal is to assure we aid clients to minimize the occurrence of behaviors related to functional deficits and assist the child or adolescent in the acquisition of adaptive functioning in communicating and support the child or adolescent in their treatment goals.</p> <p>Describe your plans to make sure the above happens.</p> <p>10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109)</p> <p>Immediate assessments will be completed during actual shift to observe and provide on the spot training in area identified as not meeting policy requirements.</p> <p>10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110)</p> <p>Immediate assessments will be completed during actual shift to observe and provide on the spot training in area identified as not meeting policy requirements.</p> <p>10A NCAC 27 G .1704 Minimum Staffing Requirements (V296)</p> <p>The AP/QP will begin immediate shift checks to ensure minimal staffing requirements are met. House manager or designee will be notified immediately if call out to ensure the appropriate staff are on each shift.</p> <p>10A NCAC 27G. 1701 scope (V293)</p> <p>The Director will review the files of each client and staff to make sure that the necessary trainings are completed in their files to support the client being served. will ensure the staff files are complete with all trainings prior to the staff member working on the floor with clients. Director will ensure immediate assessments are completed today and necessary communication, training guides, and tips are sent to today to</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 293	<p>Continued From page 15</p> <p>educate all employees."</p> <p>The facility served minor children who had diagnoses not limited to: Attention Deficit Hyperactivity Disorder, Adjustment Disorder, Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Conduct Disorder, and Cannabis Use Disorder. Staff #7 who worked alone with the 4 clients on 3/23/24 drove the clients to the park and then to the cell phone store where she left the 4 clients alone in the van. While the clients were left alone in the van a physical assault occurred between 12-year-old client #1 and 17 year-old client #4. The physical assault included client #4 putting his hands around client #1's neck and client #1 used a stick to poke clients. Client #1 got out of the van and went into the store to seek out help from staff #7. When staff #7 did not help client #1 he walked away from the store. Later when additional staff arrived to get client #1 back in the facility van or another vehicle he refused. When client #1 refused to get back in any vehicle the Qualified Professional made the decision that he and the other two staff would leave 12-year-old client #1 alone and unsupervised in a public area and instructed staff to call the police and report client #1 as AWOL. On 2/24/24, staff #7 again worked alone with the 4 clients and did not intervene to stop client #4 from an attempt to strangle client #1 which frightened client #1 to make a call to the police when staff #7 refused to call for help. On 1/26/24 staff #1 who was the only staff working made the decision to use the facility van to pick up his wife from work and the 4 clients rode with him. While the 4 clients rode in the van an altercation occurred and client #1 made threats to hit clients with a metal pole. When staff #1 and the 4 clients got back to the facility, client #1</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 293	Continued From page 16 kicked the van and threatened to hit the staff's car and the police were called. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 17</p> <p>adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to have two direct care staff present for up to four adolescents while the adolescents were awake or asleep affecting 4 of 4 clients (#1 - #4). The findings are:</p> <p>Review on 4/8/24 of client #1's record revealed: - Admission date: 10/10/22 - Age: 12 - Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD) and Disruptive Mood Dysregulation Disorder (DMDD)</p> <p>Review on 4/10/24 of client #2's record revealed: - Admission date: 8/24/23 - Age: 16 - Diagnoses: ADHD; Post-Traumatic Stress Disorder; Conduct Disorder; DMDD; and</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 18</p> <p>Adjustment Disorder</p> <p>Review on 4/10/24 of client #3's record revealed: - Admission date: 6/13/23 - Age: 16 - Diagnoses: Conduct Disorder; Oppositional Defiant Disorder; Cannabis Use Disorder; and ADHD</p> <p>Review on 4/8/24 of client #4's record revealed: - Admission date: 8/3/23 - Age: 17 - Diagnoses: ADHD and Adjustment Disorder</p> <p>Finding #1</p> <p>Interview on 4/10/24 with client #1 revealed: - Sometime recently he and clients #2- #4 went to the park with one staff (staff #7). While at the park he picked up a stick and brought it into the van with him. After leaving the park staff #7 drove to a cell phone store and left the 4 clients in the van while she went into the store. When the 4 clients were left alone in the van, there was an altercation between him and client #4 after client #4 tried to take the stick away from him. "I put my arm against his (client #4's) neck and he gets mad and tosses me towards the back of the van and he chokes me again ...[Client #4] slapped me in the face." - He got out of the van and walked into the cell phone store. He told staff #7 "stop leaving us in the van by ourselves because we are not supposed to be unattended." Staff #7 told him to "hold on." - He then left the cell phone store and walked towards a pharmacy and sat outside the pharmacy. "I didn't want to go back to the van because [client #4] would do something else to me."</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 19</p> <ul style="list-style-type: none"> - Staff #7 followed him in the van to the pharmacy. Then staff #4 arrived in his personal car and the QP arrived in another van. All the staff left at the same time because he refused to get in the staff car and vans. - "The QP said 'Ok we will let the police find you' " because he refused to get in the vehicles. - Police officer #1 arrived about 2 hours after the staff left. He recalled the name of the police officer (police officer #1) who searched him then put him in the back of his patrol car. - Police officer #1 asked him why he went "AWOL" (absent without leave) and "I told him because I kept getting abused (by the clients) and I didn't want to go back." <p>Attempted Interview on 4/11/24 with the local police officer #1 revealed:</p> <ul style="list-style-type: none"> - No return telephone call. <p>Interview on 4/9/24 with client #4 revealed:</p> <ul style="list-style-type: none"> - Sometime possibly during Spring break (March 2024) he and the other 3 clients (#1- #3) went to the park with staff #7. Staff #4 stayed at the facility. As the clients and staff #7 left the park client #1 got a stick. The stick was about 1- 1 ½ feet long. - They drove to the cell phone store and staff #7 left the clients inside the van while she went into the store. - While staff #7 was inside the cell phone store, client #1 started poking him with the stick on his leg then poked his private parts. He tried to grab the stick away from client #1. Then there was a physical altercation that included him putting his hands around client #1's neck. - Client #1 then ran into the cell phone store to get staff #7 to come outside and staff #7 did not come outside "because she is trying to get her phone." Client #1 walked out of the store and 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 20</p> <p>started walking down the sidewalk. Staff #7 came out of the cell phone store and saw client #1 walking down the sidewalk. Staff #7 told client #1 to come back and he ignored her.</p> <ul style="list-style-type: none"> - While in the van, staff #7 called staff #4 who was at the facility to let him know client #1 went AWOL. Staff #7 followed client #1 to where he walked to a nearby pharmacy. Staff #4 drove to the same location and about 5 minutes later the QP showed up in another facility van. - "[Client #1] refused to get in the group home (facility) van and [QP] said to go back to the group home (facility) and call the cops. They left [client #1] there." - Later the police dropped off client #1 at the facility. <p>Interview on 4/9/24 with client #3 revealed:</p> <ul style="list-style-type: none"> - He recalled recently going to the cell phone store with only staff #7 and the clients (#1, #2, and #4). - While staff #7 was in the cell phone store client #1 who had previously picked up a stick that was about 2 feet long at the park started "poking [client #4] in the b***s with a stick." A physical altercation then occurred between client #1 and client #4 in the van. "[Client #4] got tired of it and grabbed [client #1] and he started choking him." - Client #1 got out of the van and went into the cell phone store. Client #1 then left the cell phone store and "started walking off." - Staff #7 called the QP after client #1 walked away from the cell phone store. - Client #1 would not get into the facility van. He would also not get into the QP's van. - "[Client #1] wouldn't get in the van so we went home." The QP left as well. - He did not know how client #1 got back to the facility. 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 21</p> <p>Interview on 4/8/24 with client #2 revealed:</p> <ul style="list-style-type: none"> - About 3 weeks ago he and the other 3 clients (#1, #3, and #4) were in the facility van with staff #7. They had just come back from the park and went to the cell phone store. - While staff #7 was in the cell phone store, the 4 clients were left in the van alone. There was a physical altercation in the van between client #4 and client #1. - Client #1 then went AWOL and walked towards the pharmacy. Staff #4 and the QP arrived to help find client #1. Client #1 did not get in the facility van but did talk to the QP in the van he drove to the location. Client #1 arrived at the facility later that evening. <p>Interview on 4/11/24 with staff #7 revealed:</p> <ul style="list-style-type: none"> - On 3/23/24 she took the clients (#1- #4) to 2 different parks by herself. Staff #4 stayed at the facility for a food order to arrive. After she and the 4 clients left the park they drove to a store "for toy cars" then they went to the cell phone store for her as her phone was broken and she needed a new phone. Client #2 and client #3 first came into the cell phone store and then went back to the van. All four clients were then in the van alone. - Client #1 then came into the store "angry." - "[Client #1] and [client #4] had another altercation (in the van)." - Client #1 refused to get in the van and she called staff #4. Staff #4 drove over to the cell phone store and called the QP. - While she was on the phone with staff #4, client #1 walked towards the pharmacy. Client #1 walked back to the cell phone store and stood in the parking lot "cussing because ...the boys said he was being gay and was poking [client #4] with a stick in his private parts." She did not know client #1 had a stick. - The QP arrived, he talked to client #1 and 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 22</p> <p>offered to let client #1 ride in the van with him or in staff #4's car. Client #1 said, "no he didn't want to get into any car."</p> <ul style="list-style-type: none"> - "[QP] instructed us to go back to the group home (facility) and leave and to call the police and say that [client #1], that he was AWOL and to tell the police where we last saw him and what he had on." - She, staff #4 and the QP all left. When they all left "he was still walking around the [cell phone store] parking lot." - She and staff #7 returned to the facility with the 3 clients (#2- #4). Staff #7 called the police. - It took the police about 20 or 30 minutes to bring him back to the facility. - "... I don't feel it was right that we left him there by himself." <p>Interview on 4/11/24 with staff #4 revealed:</p> <ul style="list-style-type: none"> - Sometime on a Saturday in March 2024 he was at the facility while staff #7 was with the 4 clients (#1- #4). - He received a call from staff #7 who stated she could not find client #1 and staff #7 told me the area where they were located. Client #1 had been in the van at a store and "that's where [client #1] jumped out." - He drove out to the location where staff #7 was located with the 3 clients (#2- #4) and he found client #1 walking around a building. He told client #1 "lets go to the van." Client #1 then told him he didn't want to go. He also refused to get in the van with staff #7. - The QP arrived and tried to get client #1 in the van and he refused to get in the van. - "[QP] told all of us to go back to the group home (facility). [QP] went back to a different group home (facility)." - When everyone left [client #1] was seen in the parking lot of the [local pharmacy] because he 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 23</p> <p>didn't get into anyone's car.</p> <ul style="list-style-type: none"> - When he got back to the facility, he then called 911. - He did not feel like it was a good plan to leave client #1 at the pharmacy. - "I didn't want to leave him." <p>Interview on 4/11/24 with the QP revealed:</p> <ul style="list-style-type: none"> - On either 3/23/24 or 3/30/24 he was called because client #1 was out in the community and refused to get into the van. - When he arrived at the pharmacy parking lot area, he tried to get client #1 in the car with him because "I didn't want him out in the streets because of his age and what things can happen out there to him." Client #1 refused to get in any of the vehicles. - "[Staff #7], [staff #4] and I went back to the group home (facility). [Staff #4] called 911." - "I told [staff #7] to call the police for AWOL because he (client #1) wasn't getting in the van or the car." <p>Interview on 4/12/24 with the Licensee/Director revealed:</p> <ul style="list-style-type: none"> - On 3/23/24 the clients (#1 - #4) "were out in the community with [staff #7]." The clients and staff #7 went to the park where client #1 picked up a stick. - Staff #7 went to the pharmacy to get the clients a drink. While she was inside at the pharmacy the clients were in the van and client #1 poked client #4 with a stick. Client #4 then pushed client #1 and client #1 got out of the van. - "[Staff #7] was coming out of the [pharmacy] door and [client #1] met her at the door and said that [client #4] pushed him." - "[Staff #4] was at the group home (facility)." - Staff #7 called staff #4 and the QP because client #1 was refused to get in the van. Staff #4 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 24</p> <p>and the QP came over to the pharmacy where staff #7 and clients were located.</p> <ul style="list-style-type: none"> - "I talked to all 3 staff (staff #4, staff #5, and the QP) involved the same day." - "[QP] or [staff #4] said (to client #1) we will get the police to bring you back home. [Staff #4] stayed in the vicinity and [staff #7] and [QP] left." - "He (client #1) didn't run away from home he just refused to get in the van." - "I told her (staff #7) that she should have taken them (the clients) with her (in the store). That would have eliminated that incident." <p>Finding #2</p> <p>Review on 4/10/24 of "Local County Communications" from the local law enforcement revealed:</p> <ul style="list-style-type: none"> - "Date/Time: 2/24/24 20:17 (8:17 pm) - Caller name: [client #1] - Notes: 13 YRO (year-old) calling adv (advising) a kid at the group home put his hand on him ... - (Suspect) information:age: 15; clothing: tank top blk (black) shorts; Name: [client #4] ... - I spoke with [client #1] [(client #1's date of birth)] who advised that he was pushed and grabbed by [client #4]. I advised them to stay separate for the evening. [Qualified Professional (QP)], the manager, arrived on scene, advised him I could not charge the juveniles due to no physical marks on the individuals." <p>Interview on 4/11/24 with local police officer #2 revealed:</p> <ul style="list-style-type: none"> - She was one of the officers who came to the facility on 2/24/24. - There was one "female staff" working when she arrived. - The QP showed up after the police arrived. 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 25</p> <p>Review on 4/11/24 of local police officer #2's email revealed:</p> <ul style="list-style-type: none"> - "Below you will find the notes in reference to the physical incident on 02/24/2024: I spoke with [client #1] [(client #1's date of birth)] who advised that he was pushed and grabbed by [client #4] [(client #4's date of birth)]. I advised them to stay separate for the evening. [QP], the manager, arrived on scene, advised him I could not charge the juveniles due to no physical marks on the individuals." <p>Interview on 4/5/24 with client #1 revealed:</p> <ul style="list-style-type: none"> - "One time I called the police because the staff (staff #7) wasn't going to do it and I told the police what happened. [Staff #7] was the only staff working and she was not willing to call the police. It happened in the living room. All 4 of us (clients #1- #4) were here ..." - He called the police because client #4 threw him on the floor and choked him while he was on his back. He could not remember how the altercation started. - "He (client #4) was standing over me and had his hands around my neck and my head was off the floor and he was using his thumbs to put pressure on my Adam's apple. I couldn't talk because he was choking me. He was choking me to the point I could not breathe." - Staff #7 was in the living room along with all the clients (#1- #4). - "[Staff #7] kept saying to [Client #4] to get off of me but she didn't do anything to get [client #4] off of me. She just kept saying get off of me." - Client #3 called client #2 who was in the bathroom and client #2 was able to get client #4 off him. Client #2 took client #4 to his bedroom and "started talking to him." - "[Staff #7] didn't do nothing she just sat there." - The incident happened sometime possibly in 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 26</p> <p>March 2024.</p> <p>Interview on 4/9/24 with client #4 revealed:</p> <ul style="list-style-type: none"> - He thought the altercation in the living room between him and client #1 occurred sometime during Christmas break 2023. - "I believe it was only [staff #7] working." - Client #3 was in the living room. Client #2 was in the shower. Client #4 was sitting on the couch facing the entrance to the living room. - Client #1 was mocking his mother's voicemail and was making fun of how she sounded on the voicemail. "I told him to stop basically." - Then client #1 got up and "tried to swing at me and I grabbed his arm and pushed him on the couch. I had the front of his shirt first and then he scratched my arm ...I tried to choke him ...He was gasping for air." - Client #1's neck was red but when the police got there "the redness had gone away." - Client #3 tried to pull him off client #1. "I put my foot on [client #1's] chest while trying to get out of [client #3's] grip." - Client #2 came out of the bathroom "picked me up and threw me into the hallway to break it up." - "I walked to my room and [client #2] went with me and stood at the door of my room and tried to calm me down by talking to me." Client #1 had ripped his tank top and he had two scratches on his left arm. - Staff #7 was in the living room when the incident occurred and did not try to break up the fight. Staff #7 told him after the incident that the Licensee/Director had told her they could not break up fights. - Staff #7 tried to call the QP when the incident occurred and staff #7 told him to get off client #1. - Client #1 called the police and the police came out. The police talked to client #1 outside then the police talked to him outside. No one was 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 27</p> <p>arrested.</p> <p>Interviews on 4/8/24 and 4/9/24 with client #2 revealed:</p> <ul style="list-style-type: none"> - The incident happened "probably late January (2024) beginning of February (2024). - He had taken a shower in the bathroom off the living room and was putting on his clothes. - "Only [staff #7] was working that day." - When he came out of the bathroom, he saw client #3 "was trying to stop [client #4] from choking [client #1] and I get [client #4] off [client #1]." Client #1 was on his back on the floor and client #4 was on his knees beside client #1. - He then got "[client #4] to his room." After he got client #4 to his bedroom, he started talking to client #4 and got him some water. "I told [client #4] he (client #1) is not worth it and I told [client #4] he needed to stop putting hands on [client #1] because he could go to jail." - He had been told by someone that client #1 hit client #4 first and it escalated from there. - "[Staff #7] was standing there and was not doing anything" when he pulled client #4 off client #1. "[Staff #7] only said '[client #4] get off of him (client #1).'" - Client #1's neck and eyes were red. The redness around his neck "is where a collar would go." - Client #4 was wearing a tank top and client #1 had ripped it. Client #1 scratched client #4's arms and his upper left side. - "[Staff #7] was the only staff working because there was not another staff available to work." - Client #1 did call the police. When the police came to the facility, they talked to client #1 and client #4. <p>Interview on 4/9/24 with client #3 revealed:</p> <ul style="list-style-type: none"> - He could not recall the altercation incident 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 28</p> <p>between client #1 and client #4.</p> <p>Interview on 4/11/24 with staff #7 revealed:</p> <ul style="list-style-type: none"> - On 2/24/24 client #1 was missing a ball and thought client #4 had his ball. Client #4 was "playing" and said he had the ball and client #1 got upset. Client #1 "patted down" client #4 and client #1 did not find his ball. This occurred in the living room. - "...[Client #1] hit [client #4] in the head with his fist and [Client #1] attempted to flip the couch that [client #4] was sitting on. [Client #4] was pushing [client #1] and said to stop hitting him." - Client #1 came into the office off the living room (office has no door) and things escalated again. Client #1 got in his face and they started arguing about the ball again. Client #1 with a closed fist hit client #4. Then client #4 with a closed fist hit client #1 back. - They went back to the living room floor. [Client #4] started choking [client #1]. [Client #4] had one hand around [Client #1's] neck. [Client #1] was still calling [client #4] a 'b***h' while [Client #4's] hand was around his neck. [Client #1] was still trying to hit [client #4] while [client #4] had his hand around [client #1's] neck. Client #3 was sitting on another couch in the living room and client #2 was in the bathroom off the living room area. - Client #3 "tried to pull [client #1] off [client #4] and I had [client #4's] wrist. I was trying to get his (client #4) hand off of client #1's neck. [Client #2] came out of the bathroom and he pulled [client #4] away from [client #1]." - Client #1 went to his room. Client #2 followed client #4 to his room and "was talking to [client #4] and trying to get him to calm down." - She went to check on client #4 in his bedroom and client #1 went outside with the phone and called the police. 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 29</p> <ul style="list-style-type: none"> - The police arrived and talked to both clients. - "The other staff (staff #1) said he had to go help his wife and would be back. [Staff #1] had been gone for 25 minutes when the fight started. I did call [QP] to let him know what happened and that [client #1] called the police. I told [QP] that [staff #1] had left the group home. [QP] and [Licensee/Director] said that the next time a staff left to call or text them. [Staff #1] was gone for a total of about 40-45 minutes." - "I was doing more than verbal commands. I got in the middle and pushed them both away because I was by myself because [staff #1] had left to go help his wife. I didn't want to restrain one and not the other ..." <p>Interview on 4/12/24 with the QP revealed:</p> <ul style="list-style-type: none"> - He did not recall the incident on 2/24/24. <p>Attempted interview on 4/11/24 with Client #1's Department of Social Services Legal Guardian:</p> <ul style="list-style-type: none"> - Did not return phone call. <p>Interview on 4/12/24 with the Licensee/Director revealed:</p> <ul style="list-style-type: none"> - On 2/24/24 all the clients were present (#1 - #4). Staff #7 and staff #4 were working. - Staff #7 called the police on 2/24/24. - The police were called because "they (client #1 and client #4) were pushing and shoving over a toy. She (staff #7) called me that day. She felt like they were going to fight. I had told staff if you feel like you could de-escalate go ahead but if they were going to fight and there was going to be a big scene go ahead and call the police. The police should have not been called because the clients didn't put their hands on each other. They (client #1 and client #4) were pushing and shoving each other that day. No none of the other clients had to get involved." 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 30</p> <p>- "I have no idea" where the 2nd staff was when the incident occurred on 2/24/24.</p> <p>Finding #3</p> <p>Interview on 4/10/24 with client #1 revealed:</p> <ul style="list-style-type: none"> - Sometime recently he and clients #2- #4 went to the park with one staff (staff #7). While at the park he picked up a stick and brought it into the van with him. After they left the park staff #7 drove to a cell phone store and left the 4 clients in the van while she went into the store by herself. When the 4 clients were left alone in the van, there was an altercation between him and client #4 after client #4 tried to take the stick away from him. "I put my arm against his (client #4's) neck and he gets mad and tosses me towards the back of the van and he chokes me again ...[Client #4] slapped me in the face." - He got out of the van and walked into the cell phone store. He told staff #7 "stop leaving us in the van by ourselves because we are not supposed to be unattended." She told me to "hold on." - Client #1 then went AWOL (absent without leave) and was brought back later by the police. <p>Interview on 4/9/24 with client #4 revealed:</p> <ul style="list-style-type: none"> - Sometime possibly during Spring break (March 2024) he and the other 3 clients (#1- #3) went to the park with staff #7. Staff #4 stayed at the facility. As the clients and staff #7 left the park client #1 got a stick. The stick was about 1- 1 ½ feet long. - They drove to the cell phone store and staff #7 left the clients inside the van while she went into the store. - While staff #7 was inside the cell phone store, client #1 poked him with the stick on his leg then poked his private parts. He tried to grab the stick 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 31</p> <p>away from client #1. Then there was a physical altercation that included him putting his hands around client #1's neck.</p> <ul style="list-style-type: none"> - Client #1 then ran into the cell phone store to get staff #7 to come outside and staff #7 did not come outside "because she is trying to get her phone." - Client #1 then went AWOL. <p>Interview on 4/9/24 with client #3 revealed:</p> <ul style="list-style-type: none"> - He recalled recently going to the cell phone store with only staff #7. - While staff #7 was in the cell phone store client #1 who had previously picked up a stick that was about 2 feet long at the park started "poking [client #4] in the b***s with a stick." A physical altercation then occurred between client #1 and client #4 in the van. "[Client #4] got tired of it and grabbed [client #1] and he started choking him." - Client #1 got out of the van and went into the cell phone store. Client #1 then left the cell phone store and "started working off." <p>Interview on 4/8/24 with client #2 revealed:</p> <ul style="list-style-type: none"> - About 3 weeks ago he and the other 3 clients (#1, #3, and #4) were in the facility van with staff #7. They had just come back from the park and went to the cell phone store. - While staff #7 was in the cell phone store, the 4 clients were left in the van alone. There was a physical altercation in the van between client #4 and client #1. - Client #1 then went AWOL and walked towards the pharmacy. <p>Interview on 4/11/24 with staff #7 revealed:</p> <ul style="list-style-type: none"> - On 3/23/24 she took the clients (#1- #4) to 2 different parks by herself. Staff #4 stayed at the facility for a food order to arrive. After they left the park she and the 4 clients went to a store "for toy 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 32</p> <p>cars" then they went to the cell phone store for her as her phone was broken and she needed a new phone. Client #2 and client #3 first came into the cell phone store and then went back to the van. All four clients were then in the van alone.</p> <ul style="list-style-type: none"> - Client #1 then came into the store "angry." - "[Client #1] and [client #4] had had another altercation (in the van)." - Client #1 refused to get in the van and she called staff #4. Staff #4 drove over to the cell phone store and called the QP. - While she was on the phone with staff #4, client #1 walked towards the pharmacy. - Later the police brought client #1 back to the facility. <p>Interview on 4/11/24 with staff #4 revealed:</p> <ul style="list-style-type: none"> - Sometime on a Saturday in March 2024 he was at the facility while staff #7 was with the 4 clients (#1- #4). - He received a call from staff #7 who stated she could not find client #1 and staff #7 told me the area where they were located. Client #1 had been in the van at a store and "that's where [client #1] jumped out." - He drove out to the location where staff #7 was located with the 3 clients (#2- #4) and he found client #1 walking around a building. He told client #1 "lets go to the van." Client #1 then told him he didn't want to go. He also refused to get in the van with staff #7. - The QP arrived and tried to get client #1 in the van and he refused to get in the van. - "[QP] told all of us to go back to the group home (facility). [QP] went back to a different group home (facility)." - When everyone left [client #1] was seen in the parking lot of the [local pharmacy] because he didn't get into anyone's car. - When he got back to the facility, he then called 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 33</p> <p>911.</p> <ul style="list-style-type: none"> - He did not feel like it was a good plan to leave client #1 at the pharmacy. - "I didn't want to leave him." <p>Interview on 4/12/24 with the Licensee/Director revealed:</p> <ul style="list-style-type: none"> - On 3/23/24 the clients (#1 - #4) "were out in the community with [staff #7]." The clients and staff #7 went to the park where client #1 picked up a stick. - Staff #7 went to the pharmacy to get the clients a drink. While she was inside at the pharmacy the clients were in the van and client #1 poked client #4 with a stick. Client #4 then pushed client #1 and client #1 got out of the van. - "[Staff #7] was coming out of the [pharmacy] door and [client #1] met her at the door and said that [client #4 pushed him]." - "[Staff #4] was at the group home." - Staff #7 called staff #4 and the QP because client #1 was refused to get in the van. <p>Finding #4</p> <p>Review on 4/10/24 of "Local County Communications" revealed:</p> <ul style="list-style-type: none"> - "Date/Time: 1/26/24 18:37 (6:37 pm) - Caller Name: [staff #1] - Notes: Caller advises irate kid, destroying property ...[client #1], [client #3], [client #4] and [client #2] all reside at this group home with [staff #1] being in charge. [Client #1] said he gets bullied by [client #3] and [client #4] and [staff #1] doesn't do anything about it. I made sure [client #1] went to his room as requested by [staff #1]. I told [client #1] to call us on the house phone if he needed us and to try not to kick things and damage anything if he gets mad." 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 34</p> <p>Interview on 4/9/24 with client #2 revealed:</p> <ul style="list-style-type: none"> - There was an incident that occurred in January 2024 around 5 or 6 pm. Staff #1 worked that day and picked up his wife from work in the facility van with the 4 clients (#1 - #4) in the van as well. The 4 clients were "horseplaying" in the van on the way back from dropping off his wife at their house. - "Then [client #4] took it too far and started spraying [client #1] with a water bottle that squeezes. [Client #1] told him to stop and [client #4] kept doing it." - Client #1 climbed to the back of the van to get a hair pick that had been knocked out of his head by client #3. - "[Client #1] got upset because [client #4] was spraying the water and [client #1] got the thing that you change tires with. It was a metal pole and threatened to hit [client #4] with it. So [client #4] said if [client #1] hit him with it he would hurt [client #1] bad." Client #1 put down the metal pole and stopped. - Staff #1 ignored client #1 and "didn't do anything." Client #1 got "even madder and started cussing" and staff #1 told him to stop. - When they got back to the facility client #1 started kicking the van and threatened to hit staff #1's personal car. - "[Staff #1] is kind of mocking [client #1] and egging [client #1] on. [Staff #1] would say to [client #1] you are acting like a little baby. Then [staff #1] calls the cops because he (client #1) is getting more angry." - The police came out to the facility and talked to client #1. The police told client #1 to stay in his bedroom and stay away from client #4. - "That was the day we only had [staff #1] with us. A lot of crazy things happen when there is only one staff." 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 35</p> <p>Interview on 4/9/24 with client #4 revealed:</p> <ul style="list-style-type: none"> - He recalled staff #1 drove the 4 clients (#1 - #4) to pick up his wife he thought sometime in February 2024 or March 2024. "[Staff #1] was working by himself. I don't think anyone was supposed to work with [staff #1] that day." - Client #1 and client #3 were "in the back row of the van." He and client #2 were in the second row of the van. - They drove to a trailer in the woods to pick up his wife and they were "driving his wife to I think it was their house." - Client #1 started yelling at everyone in the van. He could not remember what client #1 was yelling. - "He (clients #1) grabbed like some type of bar that was metal to get the tires off and said he was going to hit everybody with it. He didn't hit anybody and he threw it into the trunk." No one was injured and they drove back to the facility. <p>Interview on 4/10/24 with client #1 revealed:</p> <ul style="list-style-type: none"> - He recalled staff #1 worked alone when he drove the 4 clients (#1 - #4) to pick up his wife from her job in the facility van. "...we took her to their house." - Could not recall the time frame/date this occurred. - Did not recall any horse playing going on in the van. - Did not recall getting anything out of the back of the van. <p>Interview on 4/9/24 with client #3 revealed:</p> <ul style="list-style-type: none"> - Staff #1 worked alone and he drove the 4 clients (#1 - #4) to pick up his wife. - Could not recall when it happened and could not recall anything that occurred during the drive to pick up staff #1's wife because he was "asleep." 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 36</p> <p>Interview on 4/11/24 with staff #1 revealed:</p> <ul style="list-style-type: none"> - The incident happened in November 2023. He and the 4 clients (#1 - #4) drove the facility van to pick up his wife from work and then he took his wife back to his home. "I had permission to do so by [Licensee/Director]." - He returned to the group home around 7:30 pm after he dropped off his wife at their home. - "[Client #1] had an episode. One of the clients tore his toys up and he got upset. I told him I would call the police and I did. He was tearing up stuff and kicking. He was kicking the van." <p>Interview on 4/12/24 with the Licensee/Director revealed:</p> <ul style="list-style-type: none"> - On 1/26/24 staff #1 told him he picked up his wife at work and came back to the facility. - Staff #1 worked alone on 1/26/24 because "[staff #11] called out that day." - While they drove in the van client #1 argued with one of the clients. Either client #3 or client #4. - Client #1 told him that client #3 or client #4 "said something to him and he wanted to pick up something and hit that client." - "I never told him (staff #1) he could pick up his wife. He (staff #1) told me when the police were called (about picking up his wife)." <p>Finding #5</p> <p>Interview on 4/10/24 with client #1 revealed:</p> <ul style="list-style-type: none"> - On 12/7/23 when staff #1 physically assaulted client #4, staff #1 was the only staff present. - The second staff was staff #11 who had "gone to his house to do something." When staff #11 came back he said to me, "hey I trusted you to keep the house straight and I said what was I supposed to do I was in the shower." <p>Interview on 4/8/24 with client #2 revealed:</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	<p>Continued From page 37</p> <ul style="list-style-type: none"> - On 12/7/23 when staff #1 physically assaulted client #4, staff #1 was the only staff present. - "There was not a second staff." <p>Interview on 4/9/24 with client #4 revealed:</p> <ul style="list-style-type: none"> - On 12/7/23 when staff #1 physically assaulted him, staff #1 was the only staff present. - Staff #11 was working but he went to the store to buy himself a drink and a snack. Staff #11 returned from the store after he was physically assaulted by staff #1. <p>Interview on 4/11/24 with staff #1 revealed:</p> <ul style="list-style-type: none"> - On 12/7/23 he was the only staff present when there was an incident between him and client #4. - On 12/7/23, "[Client #4] jumped up at me and I accidentally hit him. I smacked him or something. I don't remember where I hit him, maybe his shoulder. I might have (hit him on his face)." - Staff #11 was the second staff and he was outside when the incident occurred. "He (staff #11) was getting something out of his car." <p>Interview on 4/11/24 with staff #11 revealed:</p> <ul style="list-style-type: none"> - On 12/7/23 when staff #1 physically assaulted client #4, staff #1 was the only staff present. - When staff #1 hit client #4 he was outside and it occurred around 7 pm. <p>Interviews on 4/12/24 and 4/15/24 with the Licensee/Director revealed:</p> <ul style="list-style-type: none"> - On 12/7/23 when staff #1 physically assaulted client #4, staff #1 was the only staff present. - On 12/7/23 staff #11 "was outside when the incident happened." - After staff #1 physically assaulted client #4, staff #11 came back into the facility and asked client #4 about receiving medical treatment for his nose. 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 296	Continued From page 38 This deficiency is cross referenced into 10A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 296		
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. 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	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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	<p>Continued From page 39</p> <p>p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>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;</p> <p>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</p> <p>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;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(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;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S.</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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	<p>Continued From page 40</p> <p>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.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense 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</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>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.</p> <p>(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:</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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	<p>Continued From page 41</p> <p>(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;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(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;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(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;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(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</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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	<p>Continued From page 42</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on interviews, observations and record review the facility failed to ensure privacy during telephone calls affecting 4 of 4 clients (#1 - #4). The findings are:</p> <p>Interview on 4/8/24 with client #2 revealed: - The clients were unable to make private telephone calls. Their telephone calls were made either in the living room or the kitchen. "Other kids walk in and can hear it (my phone calls). Last night I made a call in the kitchen and</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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	<p>Continued From page 43</p> <p>[client #4] walked in."</p> <p>Interview on 4/10/24 with client #1 revealed: - "We are allowed to make our phone calls in the kitchen or on the office phone that's in the living room."</p> <p>Interview on 4/9/24 with client #3 revealed: - His telephone calls must be made in either the kitchen or the living room.</p> <p>Observation at approximately 4:00 pm on 4/9/24 revealed: - The office is to the right side of the living room and there was no door to the office.</p> <p>Interview on 4/9/24 with client #4 revealed: - The clients had to make telephone calls in either the kitchen or living room. - "The calls are not really private. Whoever is sitting on the couch can hear everything we talk about."</p> <p>Interview on 4/11/24 with staff #7 revealed: - The clients had to make their telephone calls in the kitchen or the office. - "...they (clients' telephone calls) are not as private now. They (the clients) had parents who called about the clients yelling and cussing at them (during telephone conversations)." The Licensee/Director then asked staff to start monitoring calls at the meeting in March (2024).</p> <p>Interview on 4/11/24 with staff #4 revealed: - The clients had to make their telephone calls in the kitchen or the office. - "[The Licensee/Director] wants us to monitor the clients while they are on the phone."</p> <p>Interview on 4/11/24 with staff #1 revealed:</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 44 - The clients had to make their telephone calls in the kitchen or the living room. Interviews on 4/12/24 and 4/15/24 with the Licensee/Director revealed: - The clients had to make their telephone calls in the kitchen or the living room. - It was the clients' "choice" if they made telephone calls in the living room. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 364		
V 366	27G .0603 Incident Response Requirements 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	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 366	<p>Continued From page 45</p> <p>Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 366	<p>Continued From page 46</p> <p>located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement written policies</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 366	<p>Continued From page 47</p> <p>governing their response to level II incidents as required. The findings are:</p> <p>Review on 4/10/24 of the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - No risk/cause analysis was submitted into IRIS for the incidents which occurred on 1/26/24, 2/24/24, and 3/23/24. <p>Interview on 4/12/24 with the Licensee/Director revealed:</p> <ul style="list-style-type: none"> - On 1/26/24, 2/24/24 and 3/23/24 he did not have documentation regarding attending to the health and safety needs of client #1 and client #4 who were involved in the incidents; he did not determine the cause of the incidents; he did not develop and implement corrective measures; he did not develop and implement measures to prevent similar incidents; he did not assign persons to be responsible for implementation of the corrections and preventative measures. 	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail,</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 367	<p>Continued From page 48</p> <p>in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 367	<p>Continued From page 49</p> <p>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:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to submit Level II incident report to the Local Management Entity (LME) within 72 hours as required. The findings are:</p> <p>Review on 4/10/24 of the Incident Response</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 367	<p>Continued From page 50</p> <p>Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - There was no report made to IRIS on 1/26/24 when the police were called by staff #1 - There was no report made to IRIS on 2/24/24 when the police were called by client #1. - There was no report made to IRIS on 3/23/24 when the police were called by staff #4. <p>Interview on 4/12/24 with the Licensee/Director revealed:</p> <ul style="list-style-type: none"> - On 1/26/24 an IRIS report was not submitted because "[Staff #1] called the police to deescalate and no one was harmed." - On 2/24/24 an IRIS report was not submitted, "because the police should have not been called ..." - On 3/23/24 an IRIS report was not submitted because "I thought it was a level 1 incident because it wasn't an emergency." 	V 367		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(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.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(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</p> <p>(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</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 500	<p>Continued From page 51</p> <p>neuroleptic medications.</p> <p>(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:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(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:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(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:</p> <p>(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);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 500	<p>Continued From page 52</p> <p>appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all instances of allegations of abuse were reported to the County Department of Social Services (DSS). The findings are:</p> <p>Review on 4/10/24 of the Incident Response Improvement System (IRIS) revealed: - Date of incident: 12/7/23 - Submitted by: the Licensee/Director - There was no report made to the local DSS regarding staff #1 abusing client #4.</p> <p>Interview on 4/12/24 with the Licensee/Director revealed: - He did not report the 12/7/23 incident when staff #1 abused client #4 because "it was not abuse and neglect. "</p>	V 500		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLIGENCE OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 512	<p>Continued From page 53</p> <p>necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 2 audited staff #1 harmed and abused 1 of 4 clients (client #4) The findings are:</p> <p>Review on 4/15/24 of staff #1's personnel record revealed: - Hire date: 10/14/21 - Met the qualifications as a Paraprofessional</p> <p>Review on 4/8/24 of client #4's record revealed: - Admission date: 8/3/23 - Age: 17 - Diagnoses: Attention Deficit Hyperactivity Disorder (ADHD) and Adjustment Disorder - Review of client #4's treatment goals revealed: " ...will increase his ability to self-regulate upon escalation of anger from 5 out of 20 times per week ...will work towards understanding his symptoms of trauma ...will engage in trauma informed treatment in order to increase control of triggers ..."</p> <p>Review on 4/10/24 of the Incident Response</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 512	<p>Continued From page 54</p> <p>Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - Date of incident: 12/7/23 - Submitted by: the Licensee/Director - "On December 7th, 2023 an incident occurred between [client #4] and staff member (staff #1). Staff instructed client to discontinue his phone call as his allotted phone time was up. [Client #4] became upset and aggressive at the prompt to end his phone conversation citing his phone time was not up. [Client #4] aggressively raised his hand in an attempt to strike staff (staff #1) who responded by placing his hands up in an effort to protect himself as taught in EBPI (Evidenced Based Protective Interventions) training. In doing so staff hand hit clients nose causing it to bleed. Additional staff at home were able to redirect the client to his bedroom where first aid was immediately administered, and the bleeding was controlled. There were no other visible marks present. [Client #4] refused to be taken for further medical evaluation. Client is well, Staff also processed with client about the incident and reiterated the rules of the level III group home. Staff (staff #1) was immediately relieved from his shift and has been placed on suspension until EBPI refresher course has been completed. QP (Qualified Professional) and the Director were contacted and made aware of the incident. Director contacted the client's legal guardian and case worker to report the incident." <p>Interview on 4/10/24 with client #1 revealed:</p> <ul style="list-style-type: none"> - On 12/7/23 he took a shower in the bathroom that was off the living room. He heard client #4 tell staff #1 "to get off of him." - "I heard [client #4] told [staff #1] he had been on the phone for 7 or 8 minutes. You are supposed to get a 15-minute phone call. [Staff #1] said he didn't care it was time for him (client #4) to get off the phone." 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 512	<p>Continued From page 55</p> <ul style="list-style-type: none"> - When he came out of the bathroom, he saw client #4 come towards the bathroom door and "I just saw his nose was bleeding and I asked what happened." - "[Client #4] said [staff #1] punched me and threw me on the couch and sat on him." - He could not recall where client #2 was but client #3 was in the living room. "[Client #3] didn't want to break it up because he didn't want anything to do with it." - Client #4 went outside with his nose bleeding and "said he couldn't breathe from his nose" and walked down the driveway. He went inside and got client #4 paper towels "to wipe off the blood off of his face." - The second staff was staff #11 who had "gone to his house to do something." When staff #11 came back he said to me, "hey I trusted you to keep the house straight and I said what was I supposed to do I was in the shower." <p>Interview on 4/8/24 with client #2 revealed:</p> <ul style="list-style-type: none"> - In December 2023 before Christmas client #4 had an argument with staff #1 in the living room. When the incident started he was on the couch in the living room. - "There was not a second staff." - When it started to get "physical I went to my bedroom because I did not want to get involved." Client #3 stayed in the living room. - "[Client #4] kind of lunged at [staff #1] and brought back his hand to scare [staff #1]. [Staff #1] slapped [client #4] on the face and that caused him to fall back on the couch. Then [staff #1] kept slapping [client #4] in the face a pretty good amount of times." - The incident occurred "over a phone call because [staff #1] had said that [client #4's] time was up on a phone call and [client #4] argued back to [staff #1] that his time was not up." 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 512	<p>Continued From page 56</p> <ul style="list-style-type: none"> - Client #4 "his nose was bleeding and his eyes and cheeks were red. [Client #4] was crying." - "He (staff #1) assaulted a minor and now he is working again. Every time [staff #1] works I feel uncomfortable because I don't know if that is going to happen to me." <p>Interview on 4/9/24 with client #3 revealed:</p> <ul style="list-style-type: none"> - On 12/7/23 he was the only client in the living room with client #4 and staff #1. Client #1 was in the shower that is off the living room. - Client #4 "bucked at him (staff #1)." Client #4 "acted like was going to swing at [staff #1]." - Client #4 "never hit [staff #1] but [staff #1] ended up hitting [client #4]." - Staff #1 hit client #4 "one time and he fell on the couch." Client #4 tried to kick staff #1 and staff #1 hit client #4 again. Staff #1 hit client #4 more than one time and hit client #4 each time on his face. Staff #1 hit him with an "open hand." <p>Interview on 4/9/24 with client #4 revealed:</p> <ul style="list-style-type: none"> - The incident happened before Christmas 2023. Staff #11 was working but he went to the store to buy himself a drink and a snack just as he started talking on the phone. - He talked to one of his friends for 7 minutes when staff #1 told him his "time" was up and told him to hang up. He told staff #1 that his time was not up because he was allowed to talk on the phone for 10-15 minutes. Staff #1 again told him his time was up and he told staff #1 he was going to stay on the phone until his time was up. Staff #1 then "yanked" the phone out of his hands and his phone call was disconnected. He then called his friend back and went to the back porch to talk. - He later ended his call and came back into the facility and he got frustrated and yelled. - He was frustrated because staff #1 kept telling him it was not even his call day. He went over to 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 512	<p>Continued From page 57</p> <p>the board and read out his call days.</p> <ul style="list-style-type: none"> - As he stood in front of the couch, he explained it was his call day. He held up both of his hands and then put his hands down. "I guess he (staff #1) thought I was going to hit him." - "He (staff #1) slapped me with an open hand 1 time (on his face) and I fell back on the couch because of how hard he hit me." - "Then he (staff #1) walks up to the couch and starts standing over me and I use one foot to push him back to get him off of me. Then [staff #1] said 'oh now you are kicking me.' Then after that he started punching me with a closed fist. I think it was his right hand but I had my eyes closed and I was covering my face with my arms up. He hit me the first time on my nose and then he hit me 2 more times on my cheek." - Client #3 was in the living room "sitting on the other side of the couch." Client #2 was sitting on the couch on the left side in the living room and got up when his nose started bleeding to get him a paper towel. Client #1 was in the shower located in the bathroom off the living room. - He then walked outside and staff #11 was pulling up in the van. "[Staff #11] asked me what happened and I told him [staff #1] started punching me." - The QP then pulled up to the facility and went inside. He later talked to the QP and indicated that he told the QP the same information he provided during this interview. - His nose was still bleeding when he talked to the QP. - No one took pictures of his face. The cameras were working but the Licensee/Director and the QP said the camera was resetting and they could not view the incident on camera. - Afterwards he was "mad and was crying." His left cheek was swollen for a couple of days. - Denied any bruising. 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 512	<p>Continued From page 58</p> <p>Interview on 4/11/24 with staff #1 revealed:</p> <ul style="list-style-type: none"> - On 12/7/23, "[Client #4] jumped up at me and I accidentally hit him. I smacked him or something. I don't remember where I hit him, maybe his shoulder. I might have (hit him on his face)." - There were no injuries to client #4. He did not know if client #4's nose was bleeding afterwards. - He hit client #4 "once accidentally." - Client #2 and Client #3 were sitting on the other couch in the living room. He did not think client #1 was there. - Staff #11 was the second staff and he was outside when the incident occurred. "He (staff #11) was getting something out of his car." <p>Interview on 4/11/24 with QP revealed:</p> <ul style="list-style-type: none"> - On 12/7/23 he was called by staff #1 who said, "boss man we have an incident and I need you to come over." He came over to the facility 5 minutes later. - Client #4 was outside when he arrived. - "[Client #4] explained that he was trying to take the phone from [staff #1] and that he flinched at [staff #1]. Then [staff #1] went to back up and block and that's when [client #4] got hit in the nose by accident. I asked [client #4] if he wanted to press charges and he did not want to." Client #4 had a "slight nosebleed." There were no other injuries. "There was no broken nose or wounds." - He asked client #4 if he wanted to charges because "his nose was bleeding and we wanted [client #4] to feel he had the right to press charges." - He was told by staff #11 and staff #1 that client #4 tried to hit staff #1 and staff #1 put his hands up in defense and client #4 got "struck in the face." 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 512	<p>Continued From page 59</p> <p>Interview on 4/11/24 with staff #11 revealed:</p> <ul style="list-style-type: none"> - On 12/7/23 client #2 was either in his bedroom or kitchen. The incident took place in the living room. Client #1 and client #3 were in the living room. - He took the trash outside and "I came in and heard someone yelling." - It sounded like client #1 yelling and he thought the clients were "horseplaying." - He saw client #4 was upset and "I took him outside." - He noticed that client #4's nose "was a little red." He did not see his nose bleeding. - He learned that staff #1 had asked client #4 to get off the phone and "[client #4] raised his hand like he was going to hit [staff #1]." - "I guess that is where [staff #1's] reflexes came in and [staff #1] said he hit him (client #4) one time and all the kids said that [staff #1] hit him one time." - He and staff #1 called the Licensee/Director. We told him "that [client #4] raised his hand to hit [staff #1] and that [staff #1] hit [client #4]." Staff #1 hit client #4 in the nose. - When staff #1 hit client #4 he was outside and it occurred around 7 pm. <p>Interviews on 4/12/24 and 4/15/24 with the Licensee/Director revealed:</p> <ul style="list-style-type: none"> - He did not have any video footage from 12/7/23 of the incident between client #4 and staff #1. - The only thing he could see from the 12/7/23 incident on the video footage was client #4 coming out of the bathroom and going down the hallway. - On 12/7/23 staff #11 "was outside when the incident happened." Client #4 was on the phone and staff #1 was cooking. Client #1 was in the kitchen across the hall. Client #3 was sitting on the couch in the living room when the incident 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 512	<p>Continued From page 60</p> <p>happened. Client #2 said he was not in the living room when it happened.</p> <ul style="list-style-type: none"> - Staff #1 told client #4 his time was up on the phone and client #4 ignored him. Staff #1 came back and told client #4 his time was up on the phone again. Client #4 started cursing and stated he was not giving up the phone because his phone time was not up. - Client #4 kept "antagonizing" staff #1 and said, "he would swing on [staff #1]." - Staff #1 reached for the phone from client #4's hand. Client #4 was by the couch and "lunged with his hands at [staff #1]. [Client #4] never hit [staff #1]." - "[Staff #1] put his arms up to block his space and that is when [staff #1] hit [client #4] in the nose." Client #4's nose was bleeding. He hit client #4 "by accident." - Staff #11 came back into the facility and asked client #4 about receiving medical treatment for his nose. - He suspended staff #1 for an "accident" because he waited to hear back from IRIS and for staff #1 to complete his Evidenced Based Protective Interventions refresher training and "to let things die down." - On 12/7/24 he talked to client #4 and felt it was an accident because client #4 did not want to press charges. "[Client #4] first said no [staff #1] didn't hit him and then [client #4] said yes, he wanted to press charges. I told him I would be at the group home at 9 am the next morning to take him to the courthouse. I called that morning 12/8/23 at 8 am to get [client #4] up to go press charges and [client #4] said no I am ok meaning he didn't want to press charges and that it was just a nosebleed." <p>Interview on 4/11/24 with client #4's Legal Guardian revealed:</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 512	<p>Continued From page 61</p> <ul style="list-style-type: none"> - She had been told about the 12/7/23 incident by the Licensee/Director or the QP. She was told the same day as the incident. Client #4 also told her what happened. - "I was told that [client #4] was basically being a punk and running his mouth and [staff #1] ultimately punched him in the middle of the argument." She was not sure if staff #1 punched him or hit him with an open hand. Client #4 had a bloody nose. - Client #4 did not want to press charges and did not go see a doctor. <p>Review on 4/15/24 of the Plan of Protection dated 4/15/24 written by the Associate Professional (AP) revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) Revive Housing AP/QP will immediately send out communication (4/15/24) outlining policy on protection from harm, abuse, neglect, or exploitation. This will include the following: Immediate reporting of all incidents involving clients (added focus on when police are involved) Documentation of occurred incidents Proper reporting of incidents (DSS, IRIS, etc.(et cetera)) Additionally shift assessments are being completed today and will address any immediate training needs on the spot. Shifts checks will begin today to ensure minimum staffing are met to ensure the safety of the clients. Communications are being sent out today to address several housing policies, provide tips and training/refresher material (de-escalation techniques). Describe your plans to make sure the above happens.</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER REVIVE HOUSING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH LONG STREET SALISBURY, NC 28144
--	---

(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 512	<p>Continued From page 62</p> <p>10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) Revive Housing AP/QP will ensure the said assessments are completed today, necessary on the job training is conducted where a need is identified via on the shift observation and ensure necessary communication is received and understood by all employees."</p> <p>The facility served minor children and client #4 who had diagnoses not limited to: ADHD and Adjustment Disorder. While staff #1 worked alone, staff #1 hit client #4 in the nose which resulted in client #4 falling back on the couch. Staff #1 hit client #4 more than one time in his nose and face which caused client #4's nose to bleed. The 3 other clients living in the facility either heard or witnessed the physical assault by staff #1 on client #4.</p> <p>This deficiency constitutes a Type A1 rule violation for serious harm and abuse and must be corrected within 23 days.</p>	V 512		