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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: \_ B. WING MHL080-222 04/15/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **523 NORTH LONG STREET REVIVE HOUSING, LLC** SALISBURY, NC 28144 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 296 Continued From page 30 V 296 - "I have no idea" where the 2nd staff was when the incident occurred on 2/24/24. Finding #3

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 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.

Interview on 4/9/24 with client #4 revealed:

- 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

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(X3) DATE SURVEY

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	COMPLETED		
MHL080-222		B. WING		R 04/15/2024	
NAME OF PROVIDER OR SUPPLIER STREET  REVIVE HOUSING, LLC  523 NO		ADDRESS, CITY, STATE RTH LONG STREET BURY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
V 296	altercation that includ around client #1's ned - Client #1 then ran in get staff #7 to come of come outside "becaus phone." - Client #1 then went. Interview on 4/9/24 w - He recalled recently store with only staff # - While staff #7 was in #1 who had previousl about 2 feet long at the [client #4] in the b***s altercation then occur client #4 in the van. "  grabbed [client #1] ar - Client #1 got out of the cell phone store. Cliestore and "started wo Interview on 4/8/24 w - About 3 weeks ago (#1, #3, and #4) were #7. They had just conwent to the cell phone - While staff #7 was in clients were left in the physical altercation in and client #1 Client #1 then went the pharmacy.  Interview on 4/11/24 v - On 3/23/24 she took different parks by her facility for a food order	Then there was a physical ed him putting his hands ex.  Into the cell phone store to putside and staff #7 did not se she is trying to get her awould be seen as trying to get her awould be started.  If the cell phone store client y picked up a stick that was ne park started "poking with a stick." A physical red between client #1 and Client #4] got tired of it and ind he started choking him." The van and went into the not #1 then left the cell phone rking off."  If the cell phone store, the 4 evan alone. There was a the van between client #4  AWOL and walked towards	V 296		

(X2) MULTIPLE CONSTRUCTION

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	COMPLETED
	R
MHL080-222 B. WING	04/15/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
523 NORTH LONG STREET	
REVIVE HOUSING, LLC SALISBURY, NC 28144	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORR	RECTION (X5)
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHADE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHADE PREFIX (EACH CORREC	
V 296 Continued From page 32 V 296	
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 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.	
Interview on 4/11/24 with staff #4 revealed:	
- 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	į
didn't get into anyone's car.	
- When he got back to the facility, he then called	

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Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
				R		
		MHL080-222	B. WING		04/15/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ITE, ZIP CODE		
DEVME II	OUGING IIIO	523 NORTI	H LONG STRE	ET		
KEVIVE H	OUSING, LLC	SALISBUR	Y, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 296	client #1 at the pharm - "I didn't want to leave Interview on 4/12/24 or revealed: - On 3/23/24 the clien community with [staff #7 went to the park we stick Staff #7 went to the a drink. While she was clients were in the varue with a stick. Client and client #1 got out or "[Staff #7] was comidoor and [client #1] or that [client #4 pushed or "[Staff #4] was at the staff #7 called staff client #1 was refused Finding #4  Review on 4/10/24 of Communications" reverbate/Time: 1/26/24 - Caller Name: [staff #1] hotes: Caller advise property[client #1], [client #2] all reside a #1] being in charge. [bullied by [client #3] adoesn't do anything a #1] went to his room a told [client #1] to call	t was a good plan to leave hacy. The him."  with the Licensee/Director  ats (#1 - #4) "were out in the #7]." The clients and staff where client #1 picked up a sinside at the pharmacy the mand client #1 poked client #4 then pushed client #1 of the van.  Ing out of the [pharmacy] het her at the door and said him."  The group home."  #4 and the QP because to get in the van.  Thocal County realed:  18:37 (6:37 pm)  #1] he irate kid, destroying [client #3], [client #4] and the gets and [client #4] and [staff Client #1] said he gets and [client #4] and [staff #1] bout it. I made sure [client has requested by [staff #1]. I us on the house phone if he	V 296	DEFICIENCY)		
	needed us and to try damage anything if he	not to kick things and				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (2		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		FELLI 200 222	B. WING		R	.
		MHL080-222	D. 770		04/15/2024	$\vdash$
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		523 NOR	TH LONG STRE	ET		
REVIVE H	OUSING, LLC	SALISBU	RY, NC 28144			
			ID	PROVIDER'S PLAN OF CORRECTION	N (X	<u>=\</u>
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	V -	
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE DA	:TE
				DEFICIENCY)		
V 296	Continued From page	34	V 296			
			İ		İ	i
	Interview on 4/9/24 w					
		nt that occurred in January				
	· · · · · · · · · · · · · · · · · · ·	m. Staff #1 worked that day				
		e from work in the facility				
		(#1 - #4) in the van as well.				
		orseplaying" in the van on				
		opping off his wife at their				
	house.	-l- #4 # d -4dd				
		ok it too far and started				
	spraying [client #1] w					
		told him to stop and [client				
	#4] kept doing it."	the best of the case to get a				
		the back of the van to get a in knocked out of his head				
	by client #3.	III KNOCKED OUT OF HIS HEAD				
	<b>▼</b>	et because [client #4] was				
		d [client #1] got the thing				
		with. It was a metal pole				
		[client #4] with it. So [client				
		nit him with it he would hurt				
		t #1 put down the metal pole				
	and stopped.	in paraomi alo motal polo				
	- Staff #1 ignored clie	nt #1 and "didn't do				
	_	ot "even madder and started				
	cussing" and staff #1					
	_	to the facility client #1				
	started kicking the va	n 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				
		ing like a little baby. Then				
		s because he (client #1) is				
	getting more angry."					
		t to the facility and talked to				
	· -	old client #1 to stay in his				
	bedroom and stay aw	•				
	_	re only had [staff #1] with us.				
		appen when there is only				
	one staff."					
						i

Division of Health Service Regulation

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

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

REVIVE HOUSING, LLC		523 NORTH LONG STREE	т	
		SALISBURY, NC 28144		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FI REGULATORY OR LSC IDENTIFYING INFORMATI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 296	Continued From page 35	V 296		
	Interview on 4/9/24 with client #4 revealed:  - He recalled staff #1 drove the 4 clients (#1 to pick up his wife he thought sometime in February 2024 or March 2024. "[Staff #1] we 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 rothe van." He and client #2 were in the second of the van.  - They drove to a trailer in the woods to pick his wife and they were "driving his wife to I to was their house."  - Client #1 started yelling at everyone in the He could not remember what client #1 was yelling.  - "He (clients #1) grabbed like some type of that was metal to get the tires off and said his going to hit everybody with it. He didn't hit anybody and he threw it into the trunk." No was injured and they drove back to the facilial Interview on 4/10/24 with client #1 revealed:  - He recalled staff #1 worked alone when he drove the 4 clients (#1 - #4) to pick up his wifrom her job in the facility van. " we took he their house."  - Could not recall the time frame/date this occurred.  - Did not recall any horse playing going on in van.  - Did not recall getting anything out of the bathe van.  Interview on 4/9/24 with client #3 revealed:  - Staff #1 worked alone and he drove the 4 clients (#1 - #4) to pick up his wife.  - Could not recall when it happened and courecall anything that occurred during the drive pick up staff #1's wife because he was "asle	- #4)  as  bow of nd row  aup hink it  van.  bar e was  one ity.  dife er to  n the ack of  clients  uld not e to		
	olth Conice Degulation			

Division of Health Service Regulation

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(X3) DATE SURVEY

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<u>Division of Health Service Regu</u>	<u>lation</u>
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA

OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
MHL080-222		B. WING		R 04/15/2024	
ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY STATE	: ZIP CODE		
TO THE IT OF THE IT					
OUSING, LLC					
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD I	BE COMPLETE	
Continued From page	36	V 296			
Interview on 4/11/24 v - The incident happen and the 4 clients (#1 - pick up his wife from v wife back to his home by [Licensee/Director] - He returned to the g after he dropped off h - "[Client #1] had an e tore his toys up and h would call the police a stuff and kicking. He Interview on 4/12/24 v revealed: - On 1/26/24 staff #1 wife at work and came - Staff #1 worked alor "[staff #11] called out - While they drove in tone of the clients. Eith - Client #1 told him the something and hit that - "I never told him (stawife. He (staff #1) told called (about picking to him and something and hit that - "I never told him (stawife. He (staff #1) told called (about picking to him and something and hit that - "I never told him (stawife. He (staff #1) told called (about picking to him and something and hit that - "I never told him (stawife. He (staff #1) told called (about picking to him and something and hit that - "I never told him (stawife. He (staff #1) told called (about picking to him and something and hit that - "I never told him (stawife. He (staff #1) told called (about picking to him and something and hit that - "I never told him (stawife. He (staff #1) told called (about picking to him and something and hit that - "I never told him (stawife. He (staff #1) told called (about picking to him and something and hit that him and something and hit that him and something and hit that him and something and hit that him and something and hit that him and something and hit that him and something and hit that him and something and hit that him and something and hit that him and something and hit that him and something and hit that him and something and hit that him and something and hit that him and something and hit that him and something and hit that him and something and hit him and somethi	with staff #1 revealed:  led in November 2023. He  #4) drove the facility van to work and then he took his  I had permission to do so  I."  roup home around 7:30 pm is wife at their home.  spisode. One of the clients le got upset. I told him I and I did. He was tearing up was kicking the van."  with the Licensee/Director  told him he picked up his le back to the facility. le on 1/26/24 because that day."  the van client #1 argued with her client #3 or client #4.  at client #3 or client #4.  at client."  aff #1) he could pick up it client."  aff #1) he could pick up his if me when the police were up his wife)."  with client #1 revealed: aff #1 physically assaulted at the only staff present. as staff #11 who had "gone mething." When staff #11 me, "hey I trusted you to the tand I said what was I in the shower."	V 230			
Interview on 4/8/24 w	iui cileiit #Z revealed:				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR IN  Continued From page Interview on 4/11/24 v  The incident happer and the 4 clients (#1 - pick up his wife from wife back to his home by [Licensee/Directory  He returned to the g after he dropped off h  "[Client #1] had an e tore his toys up and h would call the police a stuff and kicking. He  Interview on 4/12/24 v revealed:  On 1/26/24 staff #1 wife at work and came  Staff #1 worked alor "[staff #11] called out  While they drove in tone of the clients. Eith  Client #1 told him th something and hit tha  "I never told him (sta wife. He (staff #1) told called (about picking to  Finding #5  Interview on 4/10/24 v  On 12/7/23 when sta client #4, staff #1 was  The second staff was to his house to do sor came back he said to keep the house straig supposed to do I was  Interview on 4/8/24 w	ROVIDER OR SUPPLIER  STREET AD  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 36  Interview on 4/11/24 with staff #1 revealed:  - 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."  Interview on 4/12/24 with the Licensee/Director revealed:  - 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 #3 or client #4.  - Client #1 told him that client #3 or client #4.  - Client #1 told him that client #3 or client #4.  - Client #1 told him 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)."  Finding #5  Interview on 4/10/24 with client #1 revealed:  - 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."  Interview on 4/8/24 with client #2 revealed:	ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 36  Interview on 4/11/24 with staff #1 revealed:  - 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."  Interview on 4/12/24 with the Licensee/Director revealed:  - 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 #1) 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.  - Client #1 told him 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)."  Finding #5  Interview on 4/10/24 with client #1 revealed:  - 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."  Interview on 4/8/24 with client #2 revealed:	MHL880-222  SITECT ADDRESS, CITY, STATE, ZIP CODE  SILMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL. REGULATORY OR LSC: DENTIFYING INFORMATION)  COntinued From page 36  Interview on 4/11/24 with staff #1 revealed: - 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. If had permission to do so by LiLcensee/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 teaming up stuff and kicking. He was kicking the van."  Interview on 4/12/24 with the Licensee/Director revealed: - 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 "Istaff #11] called out that day."  "Staff #1 worked alone on 1/26/24 because "Istaff #11 told him that client #3 or client #4 "said something to him and he wanted to pick up something and hit that client." - "Inverve told him (staff #1) be could pick up his wife. He (staff #1) told me when the police were called (about picking up his wife.)"  Finding #5  Finding #5  Interview on 4/10/24 with client #1 revealed: - 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 is said what was I supposed to do I was in the shower."  Interview on 4/8/24 with client #2 revealed:	

(X2) MULTIPLE CONSTRUCTION

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(X3) DATE SURVEY		
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED	
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		MHL080-222	B. WING		04/15/2024	
NAME OF D		070557.405		TE TID 000E		
NAME OF P	ROVIDER OR SUPPLIER		ORESS, CITY, STA			
REVIVE H	OUSING, LLC		H LONG STRE	ET		
		SALISBUR	RY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 296	Continued From page	37	V 296			
V 290	- On 12/7/23 when staclient #4, staff #1 was - "There was not a se Interview on 4/9/24 w - On 12/7/23 when stahim, staff #1 was working to buy himself a drink returned from the storassaulted by staff #1. Interview on 4/11/24 v - On 12/7/23 he was at there was an incident - On 12/7/23, "[Client accidentally hit him. Is something. I don't retard the maybe his shoulder. If face)."	aff #1 physically assaulted the only staff present. Cond staff."  With client #4 revealed:  aff #1 physically assaulted only staff present. The store and a snack. Staff #11 re after he was physically with staff #1 revealed:  where the only staff present when between him and client #4.  #41 jumped up at me and I smacked him or member where I hit him, might have (hit him on his	V 290			
	- Staff #11 was the second staff and he was outside when the incident occurred. "He (staff #11) was getting something out of his car."					
	Interview on 4/11/24 with staff #11 revealed: - 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.					
	Interviews on 4/12/24 and 4/15/24 with the Licensee/Director revealed:  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.					

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING:  B. WING	COMPLETED
B. WING	
B. WING	R
MHL080-222 B. WING	04/15/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
REVIVE HOUSING, LLC 523 NORTH LONG STREET	
SALISBURY, NC 28144	T
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
V 296 Continued From page 38 V 296	
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 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 mall 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	d by: cord 5/6/24  ints  ing her  g, ake taff sure ove y feel es of

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PRINTED: 05/01/2024 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		MHL080-222	B. WING		04/15/2024	
		MIT LUGU-222			1 04/15/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DE\#\#	01101110 1 1 0	523 NORTH	I LONG STRE	ET		
KEVIVE H	OUSING, LLC	SALISBUR	Y, NC 28144			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 364	Continued From page	39	V 364			
V 364	p.m.; however visiting over therapies; (3) Communicate an supervision with indivupon the consent of ti (4) Make visits outsidualess: a. Commitment prothe result of the client violent crime, includin assault with a deadly respondent was found insanity or incapable b. The client was vocommitted to the facili commitment to a complicity of the client is being to proceed pursuant to A court order may expotherwise prohibited to conditions prescribed (5) Be out of doors of facilities and equipment several times a week; (6) Except as prohibities personal clothing and client is being held to proceed pursuant to (6)	d meet under appropriate iduals of his own choice he individuals; de the custody of the facility ceedings were initiated as is being charged with a g a crime involving an weapon, and the d not guilty by reason of of proceeding; cluntarily admitted or lity while under order of ectional facility of the ection of the Department of g held to determine capacity of G.S. 15A-1002; cressly authorize visits by the existence of the by this subdivision; laily and have access to ent for physical exercise ited by law, keep and use possessions, unless the determine capacity to G.S. 15A-1002;	V 364			
	<ul><li>(7) Participate in religious worship;</li><li>(8) Keep and spend a reasonable sum of his</li></ul>					
	own money; (9) Retain a driver's	license, unless otherwise				
	· ·	20 of the General Statutes;				
	and					
		ndividual storage space for				
	his private use.					
	(c) In addition to the	rights enumerated in G.S.				
	olth Service Pegulation		l .			

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<u>Division of Health Service Regu</u>	lation
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA

MHLB80-222  MAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  S23 NORTH LONG STREET  SALISBURY, NO 28144  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FILL  REQULATORY OR LSC IDENTIFYING INFORMATION)  V 384  Continued From page 40  122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-51, each milnor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and quidance. In recognition of the milnor'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 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 who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense 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 iiis ur iiis iequity responsible person is drivice, and (3) Contact and consult with client advectet, if		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
MAKE OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, JOP CODE  \$23 NORTH LONG STREET  \$ALISBURY, NO. 28144   (X4)10  (R4)10  (RECHARD FIGURATORY OR LSC IDENTIFYING INFORMATION)  PROVIDERS PLAN OF CORRECTION  (RECHARD FOR SUMMARY STATEMENT OF DEFICIENCIES  RECHARD (RACH DEFICIENCY MUST BE RECEDED BY FULL  RECULATORY OR LSC IDENTIFYING INFORMATION)  V 384  Continued From page 40  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, in view of the physical, amotional,  and intellectual immaturity of the minor, the  24-hour facility shall also, where practical, make  reasonable efforts to ensure that each minor  client receives treatment apart and separate from  adult clients unless the treatment needs of the  minor client dictate otherwise.  Each minor client who is receiving treatment or  habilitation from a 24-hour facility has the right to:  (1) Communicate and consult with at his own expense  or that of his legally responsible person and at no  cost to the facility, legal counsel, private  physicians, private mental hashlit, developmental  disabilities, or substance abuse professionals, of  iiis or i is legally responsible person is dricince, and  (3) Contact and consult with client advocate, if	AIND FLANK	SEATING CONTROL SEATING TO THE SEATING THE SEATING TO THE SEATING TO THE SEATING TO THE SEATING TO THE SEATING TO THE SEATING TO THE SEATING TO THE SEATING TO THE SEATING TO THE SEATING TO THE SEATING TO THE SEATING THE SEATI		A. BUILDING: _		COMPLETED	
REVIVE HOUSING, LLC    SUMMARY STATEMENT OF DEFICIENCES   SALISBURY, NC 28144			MHL080-222	B. WING			2024
(A) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPRICENCY MUST BE PRECEDED BY FULL REGULATORY OR USO IDENTIFYING INFORMATION)  V 384  Continued From page 40  122C-51 through G.S. 122C-57 and G.S. 122C-55 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have secess 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 reliectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client dictate otherwise.  Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:  (1) Communicate and consult with his parents or guardian or the apency or individual having legal custody of him;  (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 iris ur 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 iris ur his legally responsible person as directe, and (3) Contact and consult with a client advocate, if	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
(A4) ID PRETIX SUMMARY STATEMENT OF DEFICIENCIES ID PRETIX TAG SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 364  Continued From page 40  122C-51 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 physical, emotionally, intellectually, socially, and vocationally, in view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility has held provided appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.  Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:  (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;  (2) Contact and consult with, at his own expense 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 its or his legally responsible person is direct, and (3) Contact and consult with a client advocate, if	DEVIVE H	DUSING LLC	523 NORTH	I LONG STRE	ET		
PREFIX TAG  (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 364  Continued From page 40  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, in view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:  (1) Communicate and consult with is parents or guardian or the agency or individual having legal custody of him;  (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 itis or risi legally responsible person is circice, and  (3) Contact and consult with a client advocate, if	KLVIVLII	Odding, LLO	SALISBUR	Y, NC 28144			
122C-51 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.  Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice, and (3) Contact and consult with a client advocate, if	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE C	COMPLETE
there is a client advocate.  The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.  (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:	V 364	122C-51 through G.S 122C-59 through G.S who is receiving treat 24-hour facility has th proper adult supervis recognition of the min individual, the minor s opportunities to enab emotionally, intellectu vocationally, intellectu vocationally, in view of and intellectual imma 24-hour facility shall p structure, supervision the rights given to the The facility shall also, reasonable efforts to client receives treatm adult clients unless th minor client dictate of Each minor client who habilitation from a 24- (1) Communicate ar guardian or the agenc custody of him; (2) Contact and con- or that of his legally re cost to the facility, leg physicians, private m disabilities, or substal inis or inis legally resp (3) Contact and con- there is a client advoc The rights specified in restricted by the facili may exercise these ri (d) Except as provid of this section, each r treatment or habilitati	is. 122C-57 and G.S. is. 122C-61, each minor client ment or habilitation in a seright to have access to ion and guidance. In mor's status as a developing shall be provided le him to mature physically, sally, socially, and of the physical, emotional, turity of the minor, the provide appropriate and control consistent with a minor pursuant to this Pari. It where practical, make ensure that each minor ent apart and separate from the treatment needs of the interwise. It is receiving treatment or chour facility has the right to indiconsult with his parents or cry or individual having legal sult with, at his own expense esponsible person and at no gal counsel, private ental health, developmental nee abuse professionals, of considire person's choice; and sult with a client advocate, if cate. In this subsection may not be try and each minor client ights at all reasonable times. It is to be to and (h) minor client who is receiving	V 364			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE  A. BUILDING:	(X3) DATE SURVEY COMPLETED		
		PE BOILDING.			
		MHL080-222	B. WING		R 04/15/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
		523 NOR	TH LONG STREI	ET	
REVIVE H	OUSING, LLC	SALISBU	JRY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 364	Continued From page	41	V 364		
V 364	(1) Make and received distance calls shall be time of making the careceiving party; (2) Send and received writing materials, possible when necessary; (3) Under appropriativisitors between the high p.m. for a period of at hours of which shall be visiting shall not take therapies; (4) Receive special attraining in accordance (5) Be out of doors of recreation, and physic basis in accordance (6) Except as prohib personal clothing and appropriate supervision held to determine cape G.S. 15A-1002; (7) Participate in religible to the safekeeping of period (9) Have access to a cof his own money; and (10) Retain a driver's prohibited by Chapter	e telephone calls. All long a paid for by the client at the all or made collect to the armal and have access to tage, and staff assistance are supervision, receive fours of 8:00 a.m. and 9:00 at least six hours daily, two be after 6:00 p.m.; however precedence over school or education and vocational are with federal and State law; laily and participate in play, cal exercise on a regular with his needs; litted by law, keep and use a possessions under on, unless the client is being eacity to proceed pursuant to gious worship; and spend a reasonable sum delicense, unless otherwise 20 of the General Statutes.	V 304		
	of this section may be by the qualified profes formulation of the clie plan. A written statem	ated in subsections (b) or (d) e limited or restricted except essional responsible for the ent's treatment or habilitation ent shall be placed in the dicates the detailed reason e restriction shall be			
		ed to the client's treatment or restriction is effective for a			

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DESICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				R		
		MHL080-222	B. WING		04/1	5/2024
NAME OF P	ROVIDER OR SUPPLIER		ORESS, CITY, STA	·		
REVIVE H	OUSING, LLC		H LONG STRE RY, NC 28144	EI		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 364	each restriction shall qualified professional at which time the rest Each evaluation of a documented in the clirights may be renewed statement entered by the client's record that renewal of the restrict client who has not be in each instance of ar of a restriction of right by the client shall, up be notified of the restrict. In the case of a min adult client, the legally be notified of each insor renewal of a restrict reason for it. Notificat individual or legally restricted.	30 days. An evaluation of be conducted by the at least every seven days, riction may be removed. restriction shall be ent's record. Restrictions on ad only by a written the qualified professional in a states the reason for the tion. In the case of an adult en adjudicated incompetent, in initial restriction or renewal ts, an individual designated on the consent of the client, riction and of the reason for nor client or an incompetent are responsible person shall stance of an initial restriction atton of rights and of the ion of the designated esponsible person shall be gun the client's record.	V 364			
	Based on interviews, review the facility fails	observations and record ed to ensure privacy during ing 4 of 4 clients (#1 - #4).				
	- The clients were una telephone calls. Their either in the living roo "Other kids walk in an	telephone calls were made				

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Division of Health Service Regulation

CTATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	ON NUMBER: A. BUILDING:		COMPLETED
					l R l
		MHL080-222	B. WING		04/15/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE ZIR CODE	
MANIE OF T	COVIDER OR GOLFFEIER		H LONG STRE	,	
REVIVE H	OUSING, LLC		N LONG 31RE RY, NC 28144	E1	
	CUMMADY CT		1	PROVIDENCE DI ANI CE CORDECTIO	A)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 364	Continued From page	e 43	V 364		
	[client #4] walked in."				
	Interview on 4/10/24	with client #1 revealed:			
		make our phone calls in the			
		e phone that's in the living			
	room."				
	Interview on 4/9/24 w	ith client #3 revealed:			
		must be made in either the			
	kitchen or the living ro				
		ximately 4:00 pm on 4/9/24			
	revealed:	ight aids of the living room			
	and there was no doc	ight side of the living room			
	and there was no doc	or to the office.			
	Interview on 4/9/24 w	ith client #4 revealed:			
	- The clients had to m	nake telephone calls in either			
	the kitchen or living ro				
		eally private. Whoever is			
	sitting on the couch c about."	an hear everything we talk			
	about.				
	Interview on 4/11/24 v	with staff #7 revealed:			
		nake their telephone calls in			
	the kitchen or the office	•			
		phone calls) are not as			
		ne clients) had parents who			
		ts yelling and cussing at			
		ne conversations)." The			
	Licensee/Director the	n asked staπ to start e meeting in March (2024).			
	monitoring cans at the	e meeting in March (2024).			
	Interview on 4/11/24 v	with staff #4 revealed:			
		nake their telephone calls in			
	the kitchen or the office	<del>_</del>			
	_	ctor] wants us to monitor the			
	clients while they are	on the phone."			
	Interview on 4/11/24 v	with staff #1 revealed:			

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(X3) DATE SURVEY

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	=1ED
MHL080-222		B. WING		R		
		MITEUSU-222			U4/1	5/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STAT	re, zip code		
	OHEING TTO	523 NORTH	LONG STREE	ET .		
KEVIVE II	OUSING, LLC	SALISBURY	Y, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 364	Continued From page	44	V 364			
	- The clients had to m the kitchen or the livin Interviews on 4/12/24 Licensee/Director revolution - The clients had to m the kitchen or the living - It was the clients' "cl telephone calls in the This deficiency consti	ake their telephone calls in g room.  and 4/15/24 with the ealed: ake their telephone calls in g room. noice" if they made living room. tutes a re-cited deficiency d within 30 days. esponse Requirements  B. INCIDENT REMENTS FOR	V 366	27G .0603 Incident Response Require This Rule is not met as evidenced by: on record review and interviews, the failed to implement written policies go their response to level II incidents as required.	Based acility	5/6/2024
	implement written policesponse to level I, II shall require the provi (1) attending to of individuals involved (2) determining (3) developing a measures according to timeframes not to except (4) developing a to prevent similar incicespecified timeframes (5) assigning perfor implementation of preventive measures; (6) adhering to set forth in G.S. 75, A 42 CFR Parts 2 and 3 164; and	or III incidents. The policies der to respond by: the health and safety needs I in the incident; the cause of the incident; and implementing corrective or provider specified eed 45 days; and implementing measures dents according to provider not to exceed 45 days; erson(s) to be responsible the corrections and		Revive Housing immediately reviewed discussed incident reporting in the IRI system.  To prevent this issue from occurring at the following has been done:  • House director and designated staff been educated on IRIS system entry 5/6/2024 and proper protocol for incid reporting	again has as of	

(X2) MULTIPLE CONSTRUCTION

ivision of Health Service Regulation

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(X3) DATE SURVEY

	Division of Health Service Regulation							
	STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION					
ı	AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:						

AND PLAN	D PLAN OF CORRECTION   IDENTIFICATION NUMBER:   A. BUILDING:		COMPLETED			
				R		
		MHL080-222	B. WING		04/15/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ITE, ZIP CODE		
			I LONG STRE			
REVIVE H	OUSING, LLC		Y, NC 28144	<del>-</del> '		
060.15	CUMMADV CT	ATEMENT OF DEFICIENCIES	_	PROVIDER'S PLAN OF CORRECTION		_
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	v·-,	E
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	IATE DATE	
				DEFICIENCY)		
V 366	Continued From page	45	V 366			
	0	Hannah (1)(A) af Hala Dada				
		through (a)(6) of this Rule.				
		requirements set forth in				
		Rule, ICF/MR providers as required by the federal				
	regulations in 42 CFR					
		requirements set forth in				
		Rule, Category A and B				
		CF/MR providers, shall				
		nt written policies governing				
		vel III incident that occurs				
	•	lelivering a billable service				
	=	n the provider's premises.				
		uire the provider to respond				
	by:					
	(1) immediately	securing the client record				
	by:					
		e client record;				
	(B) making a pl	. • .				
		e copy's completeness; and				
		the copy to an internal				
	review team;					
		meeting of an internal				
		hours of the incident. The				
		shall consist of individuals				
		d in the incident and who				
	-	for the client's direct care or al oversight of the client's				
	•	f the incident. The internal				
		nplete all of the activities as				
	follows:	ipiete an of the activities as				
		opy of the client record to				
		nd causes of the incident				
		dations for minimizing the				
	occurrence of future in	<u> </u>				
		r information needed;				
	• •	n preliminary findings of fact				
		ys of the incident. The				
	preliminary findings of	f fact shall be sent to the				
	LME in whose catchin	nent area the provider is				
	olth Service Pegulation					

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			<sub>尺</sub>   04/15/2024			
NAME OF D				T TID 0005	1 0-7/10/2024	_
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT TH LONG STREE			
REVIVE H	OUSING, LLC		RY, NC 28144	:1		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	_
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	<u> </u>
V 366	Continued From page	e 46	V 366			
		IE where the client resides,				
	if different; and (D) issue a final	written report signed by the				
		onths of the incident. The				
		ent to the LME in whose				
	•	rovider is located and to the				
	•	resides, if different. The				
	final written report sha	all address the issues				
	identified by the interi					
	•	uments pertinent to the				
	•	ake recommendations for				
	<b>—</b>	ence of future incidents. If if for the report are not				
		months of the incident, the				
		ovider an extension of up to				
		nit the final report; and				
		notifyina the followina:				İ
		ponsible for the catchment				
	area where the service Rule .0604;	es are provided pursuant to				
	(B) the LME who different;	nere the client resides, if				
		r agency with responsibility				
	for maintaining and u					
		erent from the reporting				
	provider; (D) the Departm	ent.				
		legal guardian, as				
	applicable; and	logal gualdian, do				
	• •	uthorities required by law.				
	ti / Caron dunionado required by law.					
	This Rule is not met	as evidenced by:				
		ew and interviews, the				
	facility failed to implei		ĺ			Ī
Division of He	alth Service Regulation	• • • •	<u> </u>			

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:			COMPLETED		
				R		
		MHL080-222	B. WING		04/15/2024	
NAME OF B		070557 400	DEGG OUT/ DT4	TE TID 000E		
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	•		
REVIVE H	OUSING, LLC		H LONG STRE Y, NC 28144	EI		
	010.04.594.07					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE COMPLETE	
IAG		,	IAG	DEFICIENCY)		
V 366	Continued From page	47	V 366			
	governing their respon	nse to level II incidents as				
	required. The findings					
	Review on 4/10/24 of	the Incident Response				
	Improvement System	(IRIS) revealed: sis was submitted into IRIS				
	•	h occurred on 1/26/24,	ļ			
	2/24/24, and 3/23/24.	11 000di10d 011 1/20/24,				
		with the Licensee/Director				
	revealed: - On 1/26/24, 2/24/24 and 3/23/24 he did not have					
		ling attending to the health	İ		İ	
	_	lient #1 and client #4 who				
	were involved in the in					
		of the incidents; he did not				
		nt corrective measures; he				
	-	mplement measures to				
	prevent similar incide	nts; ne did not assign sible for implementation of				
	-	reventative measures.				
V 367	27G .0604 Incident R	eporting Requirements	V 367	27G .0604 Incident Reporting Requirements- This Rule is not met a	5/6/2024	
	10A NCAC 27G .0604	INCIDENT		evidenced by: Based on record review		
	REPORTING REQUI	REMENTS FOR		interviews the facility failed to submit		
	CATEGORY A AND B	PROVIDERS		Il incident report to the Local Manage Entity (LME) within 72 hours as requi		
	(a) Category A and B	providers shall report all		Entity (EIVIE) Wallin 72 hours do rodal		
		ept deaths, that occur during		Revive Housing immediately reviewe		
	-	le services or while the		discussed incident reporting in the IR	IS	
	-	oviders premises or level III		system.		
		deaths involving the clients		To prevent this issue from occurring a	again	
	_	rendered any service within		the following has been done:	lhaa	
	90 days prior to the in responsible for the ca			<ul> <li>House director and designated staff been educated on IRIS system entry</li> </ul>		
	services are provided			5/6/2024 and proper protocol for incid		
		e incident. The report shall		reporting and notifying LME within 72		
	be submitted on a for			of incident .		
		t may be submitted via mail,				
	elth Service Regulation	· ·				

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Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		MHL080-222	B. WING		04/15/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
DE: //		523 NORTH	I LONG STRE	ET	
REVIVE H	OUSING, LLC	SALISBUR'	Y, NC 28144		
WALID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	l (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLETE
IAO		•••••••••••••••••••••••••••••••••••••••	i Ao	DEFICIENCY)	
V 367	Continued From page	e 48	V 367		
	in person, facsimile o	r encrypted electronic			
		nall include the following			
	information:				
		ovider contact and			
	identification informat				
	(2) client identif	fication information;			
	(3) type of incid	lent;			
	(4) description	of incident;			
	(5) status of the	e effort to determine the			
	cause of the incident;	and			
	(6) other individ	luals or authorities notified			
	or responding.				
		providers shall explain any			
		information. The provider			
	·	ed report to all required			
		e end of the next business			
	day whenever:	. h			
		has reason to believe that			
	Information provided	- · ·			
	·	g or otherwise unreliable; or obtains information			
	1 7	ent form that was previously			
	unavailable.	ant form that was previously			
		providers shall submit,			
		ME, other information			
	obtained regarding th	•			
		ords including confidential			
	information:				
	(2) reports by o	ther authorities; and			
		's response to the incident.			
		providers shall send a copy			
	of all level III incident	reports to the Division of			
		opmental Disabilities and			
		vices within 72 hours of			
	_	e incident. Category A			
	providers shall send a				
	_	client death to the Division of			
	_	ation within 72 hours of			
	becoming aware of th	e incident. In cases of			

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA		(%2) MULTIPLE (	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING:			COMPLETED		
			R		
		MHL080-222	B. WING		04/15/2024
					1 0 11 10/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATI	E, ZIP CODE	
REVIVE H	OUSING, LLC		TH LONG STREE	т	
	·	SALISBU	RY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
V 367	Continued From page	e 49	V 367		
	or restraint, the provide immediately, as requisional and and and and and and and and and and	B providers shall send a a LME responsible for the e services are provided. Ubmitted on a form provided electronic means and shall armation as follows: errors that do not meet the or level III incident; atterventions that do not meet el II or level III incident; a client or his living area; client property or property in lient; mber of level II and level III ed; and at indicating that there have acidents whenever no red during the quarter that in as set forth in Paragraphs e and Subparagraphs (1) ragraph.			
	Based on record review failed to submit Level	ew and interviews the facility II incident report to the intity (LME) within 72 hours			
Nivigion of Us	Review on 4/10/24 of alth Service Regulation	the Incident Response			

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(X3) DATE SURVEY

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL080-222	B. WING		R 04/15/2024	
	ROVIDER OR SUPPLIER	523 NOR	DDRESS, CITY, ST TH LONG STRI JRY, NC 28144	·		
PRÉFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
	when the police were - There was no report when the police were - There was no report when the police were Interview on 4/12/24 v revealed: - On 1/26/24 an IRIS of because "[Staff #1] of deescalate and no on - On 2/24/24 an IRIS of "because the police so" - On 3/23/24 an IRIS of because "I thought it w because it wasn't an of 27D .0101(a-e) Client 10A NCAC 27D .0101 RESTRICTIONS AND (a) The governing bo assures the implement G.S. 122C-65, and G. (b) The governing bo implement policy to as (1) all instances abuse, neglect or exp reported to the County Services as specified G.S. 7A, Article 44; ar (2) procedures instituted in accordance practice when a medic present serious risk to	(IRIS) revealed: made to IRIS on 1/26/24 called by staff #1 made to IRIS on 2/24/24 called by client #1. made to IRIS on 3/23/24 called by staff #4.  with the Licensee/Director report was not submitted alled the police to e was harmed." report was not submitted, hould have not been called report was not submitted was a level 1 incident emergency."  Rights - Policy on Rights  POLICY ON RIGHTS O INTERVENTIONS dy shall develop policy that hatation of G.S. 122C-59, S. 122C-66. dy shall develop and ssure that: s of alleged or suspected loitation of clients are y Department of Social in G.S. 108A, Article 6 or	V 500	27D .0101(a-e) Client Rights - Policy on Rights- This Rule is not met as evidence Based on record review and interview, to facility failed to ensure all instances of allegations of abuse were reported to the County Department of Social Services (Revive Housing AP/QP will immediately out communication (4/15/24) outlining policy protection from harm, abuse, neglect, or exploitation. This will include the following Immediate reporting of all incidents invocients (added focus on when police are involved)  Documentation of occurred incidents Proper reporting of incidents (DSS, IRIS (et cetera))	ed by: he  Boss).  send y on r ng: lyting	

(X2) MULTIPLE CONSTRUCTION

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
741010111	or dorated flori	IDENTIFICATION NONDERC	A BIIII DING:	A RUII DING:	
		MHL080-222	B. WING		R 04/15/2024
		MITILUOU-222			04/15/2024
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE		
REVIVE H	OUSING, LLC		TH LONG STREE	Т	
	<b>,</b>	SALISBU	IRY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 500	Continued From page	51	V 500		
V 500	neuroleptic medicatio (c) In addition to thos 10A NCAC 27E .0102 each facility shall dev that identifies: (1) any restrictiv prohibited from use w (2) in a 24-hour under which staff are the rights of a client. (d) If the governing by restrictive intervention the restrictions of clie 122C-62(b) and (d) an identify: (1) the permitte allowed restrictions; (2) the individual the client; and (3) the due prod involuntary client who restrictive intervention (e) If restrictive intervention (e) If restrictive intervention (e) If restrictive intervention (involuntary client who restrictive intervention (involuntary client (involuntary client (involuntary client (involuntary client (involuntary client (involuntary client (involuntary client (involuntary client (involuntary client (involuntary client (involuntary client (involuntary client (involuntary client (involuntary client (involuntary client (involuntary client (involuntary client (involuntary client (involun	responsible for informing cess procedures for an a refuses the use of as.  rentions are allowed for use governing body shall and policy shall and refuses the use of as refuses the use of as a refuse the use of as refuses the use of as refuses the use of as refuses the use of as refuses the use of as refuses the use of as.  rentions are allowed for use governing body shall and policy that assures chapter 27E, Section .0100, ation of an individual, who who has demonstrated estrictive interventions, to rization for the use of as when the original order is	V 500		
	accordance with the t NCAC 27E .0104(e)(' (2) the designaresponsible for review interventions; and	ime limits specified in 10A			
Division of He	alth Service Regulation				

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**Division of Health Service Regulation** STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R MHL080-222 B. WING 04/15/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **523 NORTH LONG STREET REVIVE HOUSING, LLC** SALISBURY, NC 28144 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **DEFICIENCY**) V 500 V 500 Continued From page 52 appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record review and interview, the facility 27D .0304 Client Rights - Harm, Abuse, Neglect failed to ensure all instances of allegations of 5/6/24 10A NCAC 27D .0304 PROTECTION FROM abuse were reported to the County Department of HARM, ABUSE, NEGLECT OR EXPLOITATION - This Rule is not met as Social Services (DSS). The findings are: evidenced by: Based on record reviews and interviews, 1 of 2 audited staff #1 harmed and Review on 4/10/24 of the Incident Response abused 1 of 4 clients (client #4) Improvement System (IDIS) revealed: - Date of incident: 12/7/23 - Submitted by: the Licensee/Director - There was no report made to the local DSS On 5/6/2024, an employee accused of abuse regarding staff #1 abusing client #4. allegations was terminated from Revive Housing. Prior to termination the employee had been taken off the schedule and completed EBPI refresher in Interview on 4/12/24 with the Licensee/Director December of 2023. revealed: QP covered correct protocol of reporting of - He did not report the 12/7/23 incident when staff incidents and health care registry. Director and met with all house staff to cover #1 abused client #4 because "it was not abuse requirements of reporting Harm, Abuse, Neglect and neglect. " or Exploitation. Revive Housing Policy was amended 5/6/24, by QP of which was covered with all staff members on the date of amendment. V 512 V 512 27D .0304 Client Rights - Harm, Abuse, Neglect Each staff member was required to review the policy and provide written attestation of their understanding of this policy by signing the said 10A NCAC 27D .0304 PROTECTION FROM policy. QP will monitor compliance though review HARM, ABUSE, NEGLECT OR EXPLOITATION of said allegations. This will be an ongoing (a) Employees shall protect clients from harm, process. QP will revisit the policy yearly and make necessary changes and provide updates abuse, neglect and exploitation in accordance and training as required. with G.S. 122C-66. QP met with director on 5/7/2024 to ensure (b) Employees shall not subject a client to any correct reporting protocol. Specifically, QP reviewed State reporting requirements and sort of abuse or neglect, as defined in 10A NCAC circumstances. Following an internal 27C .0102 of this Chapter. investigation, the staff in question has been (c) Goods or services shall not be sold to or reported to the Health Care Personnel Registry. purchased from a client except through In the event future issues are to arise at Revive

Division of Health Service Regulation

established governing body policy.

(d) Employees shall use only that degree of force

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Housing, proper notification of any allegations will

be reported within timeframe to the Health Care

Personnel Registry.

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(X3) DATE SURVEY

<u>Division of Health Service Regu</u>	<u>lation</u>
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		MHL080-222	B. WING		R 04/15/2024
	ROVIDER OR SUPPLIER	523 NOR	DDRESS, CITY, STATE TH LONG STREET IRY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 512	necessary to repel or aggressive client and governing body policy is necessary depends characteristics of the and physical and mer of aggressiveness dis intervention procedur Subchapter 10A NCA (e) Any violation by a (a) through (d) of this dismissal of the employable of the employ	secure a violent and which is permitted by a complete that a upon the individual client (such as age, size that health) and the degree splayed by the client. Use of the shall be compliance with a complete complete that the complete complete that the complete complete that the complete complete complete that the complete compl	V 512		
Sizinian of Ha	alth Service Regulation		,		ı

(X2) MULTIPLE CONSTRUCTION

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		MHL080-222	B. WING		R 04/1	5/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	•	
REVIVE H	OUSING, LLC		TH LONG STREE	г		
	· 		JRY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 512	Continued From page	: 54	V 512			
V 512	Improvement System - Date of incident: 12/- Submitted by: the Li- "On December 7th, between [client #4] ar Staff instructed client call as his allotted photoecame upset and agend his phone converwas not up. [Client #4 hand in an attempt to responded by placing protect himself as tau Based Protective Inteso staff hand hit client Additional staff at hon client to his bedroom immediately administe controlled. There were present. [Client #4] remedical evaluation. Oprocessed with client reiterated the rules of Staff (staff #1) was imshift and has been place EBPI refresher course (Qualified Professional Contacted and made as Director contacted the case worker to report Interview on 4/10/24 version of the living tell staff #1 "to get off	censee/Director 2023 an incident occurred and staff member (staff #1). to discontinue his phone one time was up. [Client #4] gressive at the prompt to sation citing his phone time aggressively raised his strike staff (staff #1) who his hands up in an effort to ght in EBPI (Evidenced rventions) training. In doing as nose causing it to bleed he were able to redirect the where first aid was ered, and the bleeding was en oother visible marks fused to be taken for further lient is well, Staff also about the incident and the level III group home. Imediately relieved from his aced on suspension until the has been completed. QP al) and the Director were aware of the incident. The ciient's legal guardian and the incident."  with client #1 revealed: a shower in the bathroom room. He heard client #4 of him."	V 512			
	the phone for 7 or 8 m to get a 15-minute ph	old [staff #1] he had been on hinutes. You are supposed one call. [Staff #1] said he for him (client #4) to get off				
	priorito.					

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	X3) DATE SURVEY			
AND PLAN	D PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	COMPLETED		
					_	
	MUL 080.222 B. WING		R			
		MHL080-222	D. WIITO		04/15/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
		523 NORT	H LONG STREI	ET		
REVIVE H	OUSING, LLC		RY, NC 28144			
	010.04.554.07				N	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	4,	
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI	l l	
		•		DEFICIENCY)		
14.545	- · · · -		14.540			
V 512	Continued From page	9 55	V 512			
	- When he came out	of the bathroom, he saw				
	client #4 come toward	ds the bathroom door and "I				
		s bleeding and I asked what				
	happened."	<b></b>				
	• •	ff #1] punched me and				
	threw me on the coud	= -				
		where client #2 was but				
		ving room. "[Client #3] didn't				
	want to break it up be					
	anything to do with it.					
		de with his nose bleeding				
		breathe from his nose" and				
		eway. He went inside and				
		wels "to wipe off the blood				
	off of his face."	weis to wipe on the blood				
		s staff #11 who had "gone				
		mething." When staff #11				
		me, "hey I trusted you to				
		ht and I said what was I				
	supposed to do I was					
	supposed to do I was	ill the shower.				
	Interview on 4/8/24 w	ith client #2 revealed:				
		pefore Christmas client #4				
		staff #1 in the living room.				
	_	arted he was on the couch in				
	the living room.	inted he was on the Couch in				
	- "There was not a se	cond staff "				
		et "physical I went to my				
	<u>=</u>	id not want to get involved."				
	Client #3 stayed in the					
	_	unged at [staff #1] and				
	<u> </u>	d to scare [staff #1]. [Staff				
		o to scare [stail #1]. [Stail				
		on the race and that ck on the couch. Then [staff				
		-				
		ent #4] in the face a pretty				
	good amount of times					
	- The incident occurre	•				
		d said that [client #4's] time				
		all and [client #4] argued				
	back to [staff #1] that	nis time was not up."				

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PRINTED: 05/01/2024 FORM APPROVED

Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			D MINO		R
		MHL080-222	B. WING		04/15/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE	
REVIVE H	OUSING, LLC	523 NORT	'H LONG STREE	т	
		SALISBUI	RY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 512	Continued From page	e 56	V 512		
	and cheeks were red - "He (staff #1) assau working again. Every uncomfortable becau going to happen to m				
	interview on 4/9/24 with client #3 revealed.  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."  Interview on 4/9/24 with client #4 revealed:  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				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		MHL080-222	B. WING		04/15/2024
		MITLUOU-222			04/15/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
DE1/0/25 11	01101110	523 NORTH	I LONG STRE	ET	
KEVIVE H	OUSING, LLC	SALISBUR	Y, NC 28144		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE DATE
				DE HOLENOT)	
V 512	Continued From page	e 57	V 512		
		ot bis sell devis			
	the board and read or				
		of the couch, he explained it			
		neld up both of his hands			
	•	ls down. "I guess he (staff			
	#1) thought I was goin	- <del>-</del>			
		ed me with an open hand 1			
		I I fell back on the couch			
	because of how hard				
		valks up to the couch and			
		ne and I use one foot to			
	•	him off of me. Then [staff			
		are kicking me.' Then after			
		ing me with a closed fist. I			
		and but I had my eyes			
		ering my face with my arms	İ		
	-	t time on my nose and then			
	he hit me 2 more time	-			
		living room "sitting on the			
		h." Client #2 was sitting on			
		side in the living room and			
		started bleeding to get him			
	a paper towel. Client				
		om off the living room.	ļ		
	happened and I told h	"[Staff #11] asked me what			
	punching me."	iiii [staii #1] staiteu			
	-	up to the facility and went			
	<del>-</del>	d to the QP and indicated			
		e same information he			
	provided during this in				
	•	eeding when he talked to the			
	QP.	soung when he larked to the			
		s of his face. The cameras	<u> </u>		
		Licensee/Director and the			
	•	vas resetting and they could			
	not view the incident				
		mad and was crying." His			
		n for a couple of days.			
		· · · · · · · · · · · · · · · · · · ·			
	- Denied any bruising	•			

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PRINTED: 05/01/2024 FORM APPROVED

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  STREET ADDRESS, CITY, STATE, ZIP CODE  STREET ADDRESS, CITY, STATE, ZIP CODE  SAUSBURY, NC 28144  PROVIDERS PLAN OF CORRECTION  (CACH DEPOCRICATION STREET  SAUSBURY, NC 28144  PROVIDERS PLAN OF CORRECTION  (CACH DEPOCRICATION SHOULD BE CRACKED STREET AND SHOULD BE CRACKED STREET ADDRESS, CITY, STATE, ZIP CODE  SAUSBURY, NC 28144  PREPIX TAG  V 512  V 512  V 512  V 512  V 512  V 512  V 512  V 512  Interview on 4/11/24 with staff #1 revealed:  - On 12/7/23, "Client #4] jumped up at me and I accidentally int him. In 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 once accidentally."  - Client #2 and Client #3 were sitting on the other couch in the living room. He did not think client #4 to each staff and he was outside when the incident occurred. The (staff #1) was getting something out of his car."  Interview on 4/11/24 with OP revealed:  - 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 milutes later.  - Client #4 was outside when he arrived.  - "Client #4 was outside when he arrived.  - "Client #4 applies and he did not want to." Client #4 had a "slight nosebled." There were no other injuries. There was no broken nose or wounds."  - He was told by staff #1 and that the oranges bocause "his nose was bloeding and we wanted client #4 to fee he had the right to press charges."  - He was told by staff #1 and staff #1 that client #4 port struck in the		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY
NAME OF PROVIDER OR SUPPLIER  REVIVE HOUSING, LLC  STANCTH LONG STREET SALISBURY, NC 28144  SECURITY STATE ADDRESS, CITY, STATE, 2P CODE  STATE ADDRESS, CITY, STATE, 2P CODE  SALISBURY, NC 28144  PREFIX REGILATORY OR LSC IDENTIFYING INFORMATION)  PREFIX REGILATORY OR LSC IDENTIFYING INFORMATION)  V 512  Continued From page 58  V 512  Interview on 4/11/24 with staff #1 revealed: - On 127/723, "[Client #4] jumped up at me and I accidentally in him. I smacked him or something. I don't remember where I hit him, maybe his shoulder. I might have (nit him on his face)." - Thero were no injuries to client #4. He did not know if client #4 cones occidentally." - Client #2 and Client #3 were sturing on the other couch in the living room. He did not think client #1 was the second staff and he was outside when the incident occurred. "He (staff #11) was getting something out of his car."  Interview on 4/11/24 with OP revealed: - On 127/723 he was called by staff #1 who said, "boss man we have an incident and I need you to come over." He came once to the facility 5 minutes lator Client #4 was outside when he arrived "[Client #4] was obsolved when he minuted to press charges and he did not want to." Client #4 had a "slight nose were hose on 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." - Ho was told by staff #11 and staff #1 put his hands	AND PLAN (	AN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPL		COMPLETED		
NAME OF PROVIDER OR SUPPLIER  REVIVE HOUSING, LLC  STANCTH LONG STREET SALISBURY, NC 28144  SECURITY STATE ADDRESS, CITY, STATE, 2P CODE  STATE ADDRESS, CITY, STATE, 2P CODE  SALISBURY, NC 28144  PREFIX REGILATORY OR LSC IDENTIFYING INFORMATION)  PREFIX REGILATORY OR LSC IDENTIFYING INFORMATION)  V 512  Continued From page 58  V 512  Interview on 4/11/24 with staff #1 revealed: - On 127/723, "[Client #4] jumped up at me and I accidentally in him. I smacked him or something. I don't remember where I hit him, maybe his shoulder. I might have (nit him on his face)." - Thero were no injuries to client #4. He did not know if client #4 cones occidentally." - Client #2 and Client #3 were sturing on the other couch in the living room. He did not think client #1 was the second staff and he was outside when the incident occurred. "He (staff #11) was getting something out of his car."  Interview on 4/11/24 with OP revealed: - On 127/723 he was called by staff #1 who said, "boss man we have an incident and I need you to come over." He came once to the facility 5 minutes lator Client #4 was outside when he arrived "[Client #4] was obsolved when he minuted to press charges and he did not want to." Client #4 had a "slight nose were hose on 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." - Ho was told by staff #11 and staff #1 put his hands					F	
MANE OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, JIP CODE  \$33 NORTH LONG STREET  SALISBURY, NC 28144   PARTY BY STATE STA			MHL080-222	B. WING		
REVIVE HOUSING, LLC    PACH   D   PRICE   SUMMARY STATEMENT OF DEFICIENCIES   SALISBURY, NC 28144						,
PREVIOURNING, LLC  (X4) ID  (X5) ID  (X4) ID  (X5) ID  (X6) ID  (X	NAME OF PI	ROVIDER OR SUPPLIER			•	
RMSPT   RANDERS TRATEMENT OF DEFICIENCES   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION   PRETIX   REGULATORY OR LSC IDENTIFYING INFORMATION   REGULATORY OR LSC IDENTIFYING INFORMATION   REGULATORY OR LSC IDENTIFYING INFORMATION   REGULATORY OR LSC IDENTIFYING INFORMATION   REGULATORY OR LSC IDENTIFYING INFORMATION   REGULATORY OR LSC IDENTIFYING INFORMATION   REGULATORY OR LSC IDENTIFYING INFORMATION   REGULATORY OR LSC IDENTIFYING INFORMATION   REGULATORY OR LSC IDENTIFYING INFORMATION   REGULATORY OR LSC IDENTIFYING INFORMATION   REGULATORY OR LSC IDENTIFYING INFORMATION   REGULATORY OR LSC IDENTIFYING INFORMATION   REGULATORY OR LSC IDENTI	REVIVE H	OUSING, LLC			•	
PREFIX TAG  REGULATORY OLSC IDENTRYNIS INFORMATION)  V 512  Continued From page 58  Interview on 4/11/24 with staff #1 revealed: - On 127/723, "[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)." - Thora were no injuries to client #4. He did not know if client #4 once accidentally." - Client #2 and Client #3 were sting 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."  Interview on 4/11/24 with QP revealed: - On 127/723 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 #44 explained that he was trying to take the phone from [staff #1] went to back up and block and that's when [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 was told by staff #11 and staff #1 that 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 put his hands		•	SALISBU	RY, NC 28144		
Interview on 4/11/24 with staff #1 revealed:  On 127/23, "[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)."  Thore were no injuries to client #4. He did not know if client #4's nose was bleeding afterwards.  - He hit client #4' snose was bleeding afterwards.  - He hit client #4' snose excidentally."  - Client #2 and Client #3 were siting 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."  Interview on 4/11/24 with QP revealed:  - On 127/23 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] for the had the right to press charges."  - He was told by staff #11 and staff #1 that client #4 tred to hit staff #1 and staff #1 put his hands	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLETE
- On 12/1/23, "[Client #4] jumped up at me and I accidentally hit him. I smacked him or something. I don't memerber 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' none 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."  Interview on 4/11/24 with QP revealed: - On 12/1/23 he was called by staff #1 who sald, "boss man we have an incident and in ead you to come over." He came over to the facility 5 minutes later Client #4 was outside when he arrived "[Client #4 was outside when he arrived "[Client #4] explained that he was trying to take the phone from [staff #1] and that he filinched at [staff #1]. Then [staff #1] and that he filinched at [staff #1]. Then [staff #1] and that he filinched at opens charges and he did not want to." Client #4 had a "slight nosebleed." There were no other injuries. "There were no stere injuries. "There were no other injuries. "There were no stere injuries." He was told by staff #11 and staff #1 that client #4 tried to hit staff #1 and staff #1 that c	V 512	Continued From page	e 58	V 512		
face."		- On 12/7/23, "[Client accidentally hit him. I something. I don't rei maybe his shoulder. I face)." - There were no injuri know if client #4 "once - Client #2 and Client couch in the living roce was there Staff #11 was the secoutside when the incide #11) was getting some Interview on 4/11/24 very - On 12/7/23 he was come over." He came minutes later Client #4 was outside - "[Client #4] explaine the phone from [staff [staff #1]. Then [staff [staff #1]. Then [staff staff #1]. There was nose by accident. I as to press charges and #4 had a "slight nose injuries. "There was not have staff #4 to feel he have charges." - He was told by staff #4 tried to hit staff #1 up in defense and client.	at #4] jumped up at me and I smacked him or member where I hit him, might have (hit him on his es to client #4. He did not se was bleeding afterwards. He accidentally."  #3 were sitting on the other om. He did not think client #1 econd staff and he was dent occurred. "He (staff ething out of his car."  with QP revealed: called by staff #1 who sald, in incident and I need you to over to the facility 5  the when he arrived. If the wanted that he was trying to take #1] and that he flinched at #1] went to back up and I [client #4] got hit in the sked [client #4] if he wanted he did not want to." Client bleed." There were no other to broken nose or wounds." If he wanted ad the right to press  #11 and staff #1 that client and staff #1 put his hands			

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	CORRECTION IDENTIFICATION NUMBER: A. BUILDING:		COMPLETED	
			R		
		MHL080-222	B. WING		04/15/2024
NAME OF P	ROVIDER OR SUPPLIER	STDEET AD	ORESS, CITY, STAT	E ZIR CODE	
NAME OF F	NOVIDER OR SUPPLIER				
REVIVE H	OUSING, LLC		H LONG STREE	··	
			RY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 512	Continued From page	59	V 512		
V 512	Interview on 4/11/24 v On 12/7/23 client #2 or kitchen. The incider room. Client #1 and or room.  - He took the trash out heard someone yelling.  - It sounded like client the clients were "hors - He saw client #4 was outside."  - He noticed that client red." He did not see hearned that staff get off the phone and like he was going to he "I guess that is where in and [staff #1] said he time and all the kids sone time."  - He and staff #1 calle We told him "that [client #4 in the nose when staff #1 hit client when sta	with staff #11 revealed: was either in his bedroom ent took place in the living client #3 were in the living tside and "I came in and g." t #1 yelling and he thought eplaying." s upset and "I took him  It #4's nose "was a little is nose bleeding. If #1 had asked client #4 to "[client #4] reised his hand it [staff #1]." The [staff #1]." The [staff #1] hit him  It #4] raised his hand to hit fif #1] hit [client #4]." Staff #1 The The Had asked his hand to hit fif #1] hit [client #4]." Staff #1 The The Had asked his hand to hit fif #1] hit [client #4]." Staff #1 The The Had asked his hand to hit fif #1] hit [client #4]." Staff #1 The The Had asked his hand to hit fif #1] hit [client #4]." Staff #1 The The Had asked his hand to hit fif #1] hit [client #4]." Staff #1 The The Had asked his hand to hit fif #1] hit [client #4]." Staff #1 The The Had asked his hand to hit fif #1] hit [client #4]." Staff #1 The The Had asked his hand to hit fif #1] hit [client #4]." Staff #1 The The Had asked his hand to hit fif #1] hit [client #4]." Staff #1 The The Had asked his hand to hit fif #1] hit [client #4]." Staff #1 The The Had asked his hand to hit fif #1] hit [client #4]." Staff #1 The The Had asked his hand to hit fif #1] hit [client #4]." Staff #1 The The Had asked his hand to hit fif #1] hit [client #4]." Staff #1 The The Had asked his hand to hit fif #1] hit [client #4]." Staff #1 The The Had asked his hand his his hand his his his his his his his his his his	V 512		
	coming out of the batl	nroom and going down the			
	incident happened." ( and staff #1 was cook kitchen across the ha	"was outside when the Client #4 was on the phone ting. Client #1 was in the II. Client #3 was sitting on proom when the incident			

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Division	of Healtl	h Service	Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	ON IDENTIFICATION NUMBER: A. BUILDING: COMP		COMPLETED	
		MUI ADA 222	B. WING		R
		MHL080-222			04/15/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	TE, ZIP CODE	
		523 NORT	H LONG STREI	ET	
REVIVE H	OUSING, LLC		Y, NC 28144		
0(4) ID	CUMMADV CT	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	d wes
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	. (****)
TAG	·	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
V 512	Continued From page	. 60	V 512		
V 312	Continued From page	: 60	V 312		
	happened. Client #2	said he was not in the living			
	room when it happen	ed.			
	- Staff #1 told client #	4 his time was up on the			
	phone and client #4 ig	nored him. Staff #1 came			
	back and told client #	4 his time was up on the			
	phone again. Client #	4 started cursing and stated			
		the phone because his			
	phone time was not u	-			
	·	gonizing" staff #1 and said,			
	"he would swing on [s				
		the phone from client #4's			
		by the couch and "lunged			
		ff #1]. [Client #4] never hit			
	[staff #1]."				
		ms up to block his space			
		f #1] hit [client #4] in the			
	_	se was bleeding. He hit client			
	#4 "by accident."	o mae biecamig. He im enem			
		Into the facility and asked			
		ing medical treatment for his			
	nose.				
	- He suspended staff	#1 for an "accident"			
	•	hear back from IRIS and for			
	staff #1 to complete h				
	I = -	ns refresher training and "to			
	let things die down."				
	_	d to client #4 and felt it was			
		client #4 did not want to			
		nt #4] first said no [staff #1]			
		n [client #4] said yes, he			
		ges. I told him I would be at			
		am the next morning to take			
		e. I called that morning			
		t [client #4] up to go press			
	_	1] said no I am ok meaning			
		s charges and that it was			
	just a nosebleed."	o Chargeo and that it was			
	just a nosebleed.				
	Intonious on 4/44/04 -	with aliant #4'a Laga!			
	Interview on 4/11/24 v	with cient #4 s Legal			
<u> </u>	Guardian revealed:				

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## Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:	A. BUILDING:		
		MHL080-222	B. WING		R 04/15	5/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
REVIVE H	OUSING, LLC		TH LONG STREE RY, NC 28144	т		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	OULD BE	(X5) COMPLETE DATE
,,,,,		•		DEFICIENCY)		
V 512	Continued From page	e 61	V 512			
		about the 12/7/23 incident by				
		or the QP. She was told the				
	_	dent. Client #4 also told her				
	what happened.	nt #4] was basically being a				
	punk and running his	- · · · · · · · · · · · · · · · · · · ·				
	ı ·	m in the middle of the				
		not sure if staff #1 punched				
	him or hit him with an	open hand. Client #4 had a				
	bloody nose.					
	- Client #4 did not wa	nt to press charges and did				
	not go see a doctor.					
		the Plan of Protection dated Associate Professional				
	(AP) revealed:					
		ion will the facility take to				
		he consumers in your care?				
		4 Protection from Harm,				
	Abuse, Neglect or Ex					
	_	QP will immediately send out /24) outlining policy on			ļ	
	protection from harm,					
	exploitation. This will					
		of all incidents involving				
	clients (added focus of	on when police are involved)				
	Documentation of occ					
	l	cidents (DSS, IRIS, etc.(et				
	cetera))					
	Additionally shift asse	essments are being will address any immediate				
		spot. Shifts checks will				
		e minimum staffing are met				
	to ensure the safety of	<b>—</b>				
	_	being sent out today to				
		sing policies, provide tips and				
	training/refresher mat					
	techniques).					
	Describe your plans t	o make sure the above				
	happens.					

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Division of	of Health Service Regu	lation				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			1		_	
		MHL080-222	B. WING		i R	
		MITLUGU-222			04/18	5/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DRESS, CITY, STA	ITE, ZIP CODE		
DE1/0/E 11	OHOINO I I O	523 NOR	TH LONG STRE	ET		
KEVIVE H	OUSING, LLC	SALISBU	RY, NC 28144			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
V 512	Continued From page	e 62	V 512			
	404 NOAC 07D 000	1 Dratastian from Llare				
		4 Protection from Harm,				
	Abuse, Neglect or Ex	Piolation (v512)				
	_	npleted today, necessary on				
		ducted where a need is				
		hift observation and ensure				
	necessary communic					
	understood by all em					
	andorotood by an only	pio 3 0 0 0 .				
	The facility served mi	nor children and client #4				
	•	of limited to: ADHD and				
		While staff #1 worked				
		nt #4 in the nose which				
	-	alling back on the couch.				
		nore than one time in his				
	nose and face which	caused client #4's nose to				
	bleed. The 3 other cli	ents living in the facility				
		ssed the physical assault by				
	staff #1 on client #4.					
	This deficiency consti	itutes a Type A1 rule				
		arm and abuse and must be				
	corrected within 23 da	ays.				

Division of Health Service Regulation

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AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	MHL080-222	B. WING		R 04/15/2024		
NAME OF PROVIDER OR SUPPLIER  REVIVE HOUSING, LLC	523 NO SALISE		PRESS, CITY, STATE, ZIP CODE H LONG STREET			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE. COMPLETE		
on 4/15/24. Deficience This facility is licensed category: 10NCAC 27 Treatment Staff Securical Adolescents.  The facility is licensed census of 4. The survaudits of 4 current clie V 109 27G .0203 Privileging.  10A NCAC 27G .0203 QUALIFIED PROFES ASSOCIATE PROFES (a) There shall be no qualified professionals (b) Qualified professionals (b) Qualified professionals shall derect and abilities required to (c) At such time as a semployment system is then qualified professionals shall derect (d) Competence shall exhibiting core skills in (1) technical knowled (2) cultural awarenes: (3) analytical skills; (4) decision-making; (5) interpersonal skills (6) communication skills (7) clinical skills. (e) Qualified profession NCAC 27G .0104 (18)	up survey was completed ies were cited.  d for the following service of .1700 Residential re for Children or  I for 4 and currently has a ey sample consisted of mis.  /Training Professionals  COMPETENCIES OF SIONALS AND SIONALS privileging requirements for a resociate professionals. In the population served. It is competency-based to established by rulemaking, onals and associate monstrate competence. It is demonstrated by including:  ge; se; si; sills; and mals as specified in 10 A (a) are deemed to have of the competency-based the State Plan for	V 109	27G .0203 Privileging/Training Profession This Rule is not met as evidenced by: Bas on interviews and record reviews, 1 of 3 qualified professionals (QP) failed to demonstrate the knowledge, skills, and a required by the population served.  Revive Housing employees are required attend onboarding orientation of which the assessed on core skills including (1) tech knowledge; (2) cultural awareness: (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication stand (7) clinical skills. Every employee on has documented completion of such in the employee file. Each is required to pass a assessment prior to employment to demonstrate their knowledge in these are As a result of this said finding Revive Hot immediately required all staff to complete web-based teaching video that covered de-escalation techniques as well as understanding the population served. This completed on April 15th, 2024.  Job assessments were started on April 192024, to assess the staff and identify nee These were conducted by QP/AP/LP and executive director. These assessments commenced though the week to account staff availability per shift.  After direct observation all staff were sent self-assessment to further identify any additional training need. This was sent an completed on May 8th, 2024. To further prevent the occurrence of this finding, Rethousing has created refresher training may of which will be a requirement to complete the 6-month mark of employment. The AF will conduct the refresher training and procompletion notice to the executive director.	ased  abilities  to to ley are nnical  cills; file le n  eas. using ea s was  5th, ds. l the for la wive alterial e at byiop yide		

TITLE ) rector

(XR) DATE 5-12-24

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:	
		MHL080-222	B. WING		R 04/15/2024
NAME OF PROVIDER OR SUPPLIER  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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	I
V 109	develop and impleme for the initiation of an plan upon hiring each (g) The associate prosupervised by a quali population served for specified in Rule .010.  This Rule is not met.	dy for each facility shall nt policies and procedures individualized supervision associate professional. ofessional shall be fied professional with the the period of time as 4 of this Subchapter.	V 109		
	qualified professional the knowledge, skills, population served. The Review on 4/8/24 of the revealed:  - Hire date: 2/3/23  - Met the qualification Review on 4/8/24 of control of the profession date: 10/2 - Age: 12  - Diagnoses: Attention Disorder (ADHD) and Dysregulation Disorder Refer to V296 for evidemonstrate knowleddiscontents.	the QP's personnel record s for QP status. slient #1's record revealed: 10/22 n Deficit Hyperactivity Disruptive Mood er (DMDD)			
		es referenced into 10A ope (V293) for a Tvpe A1			

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<u>Division of Health Service Regu</u>	<u>lation</u>
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		MHL080-222	B. WING		04/1	5/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
REVIVE H	OUSING, LLC		I LONG STREI Y, NC 28144	<b>ET</b>		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 109	rule violation and must days.	st be corrected within 23	V 109			
V 110	days.  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, skillis 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	27G .0204 Training/Supervision Paraprofessionals- This Rule is not met all evidenced by: Based on record reviews a interviews, 3 of 11 paraprofessional staff #4, and #7) failed to demonstrate the knowledge, skills and abilities required by population served.  Revive Housing employees are required attend onboarding orientation of which the are assessed on core skills including (1) technical knowledge; (2) cultural awarene (3) analytical skills; (4) decision-making; (interpersonal skills; (6) communication sk and (7) clinical skills. Every employee on has documented completion of such in the employee file. Each is required to pass an assessment prior to employment to demonstrate their knowledge in these are As a result of this said finding Revive Hou immediately required all staff to complete web-based teaching video that covered de-escalation techniques as well as understanding the population served. This was completed on April 15th, 2024.  Job assessments were started on April 192024, to assess the staff and identify nee These were conducted by QP/AP/LP and executive director. These assessments commenced though the week to account staff availability per shift.  After direct observation all staff were sent self-assessment to further identify any additional training need. This was sent ar completed on May 8th, 2024. To further prevent the occurrence of this finding, Re Housing has created refresher training material of which will be a requirement to complete at the 6-month mark of employr The AP/QP will conduct the refresher trail and provide completion notice to the executive director.	nd (#1, the do ey sss; 5) ills; fille e nas. using a s for ds. the for	4/15/24

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R
		MHL080-222	B. WING		04/15/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
REVIVE H	OUSING, LLC		H LONG STRE RY, NC 28144	ET	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 110	Continued From page	3	V 110		
V 110	This Rule is not met Based on record revie paraprofessional staff demonstrate the know required by the popul are:  Review on 4/15/24 of revealed: - Hire date: 10/14/21 - Met the qualification Review on 4/15/24 of revealed: - Hire date: 2/17/24 - Met the qualification Review on 4/8/24 of c-Admission date: 10/24 of C-Admission date: 10/25 of C-Admission Disorder (ADHD) and Dysregulation Disorder Review on 4/10/24 of C-Admission date: 8/22 of C-Admission date: 8/22 of C-Admission date: 8/22 of C-Admission date: 8/22 of C-Admission date: 8/22 of C-Admission date: 8/22 of C-Admission date: 8/22 of C-Admission date: 8/22 of C-Admission date: 8/22 of C-Admission date: 8/22 of C-Admission date: 8/22 of C-Admission date: 8/22 of C-Admission date: 8/22 of C-Admission date: 8/22 of C-Admission date: 8/22 of C-Admission date: 8/20 of C-Admission date: 8/22 of C-Admission date	as evidenced by: ews and interviews, 3 of 11 f (#1, #4, and #7) failed to wledge, skills and abilities ation served. The findings  f staff #1's personnel record  as as a Paraprofessional f staff #7's personnel record  as as a Paraprofessional  client #1's record revealed: 10/22  In Deficit Hyperactivity I Disruptive Mood er (DMDD)  d client #2's record revealed: 4/23  Post-Traumatic Stress	V 110		
	<ul><li>Admission date: 6/1</li><li>Age: 16</li><li>Diagnoses: Conduct</li></ul>	client #3's record revealed: 3/23 t Disorder; Oppositional anabis Use Disorder; and			
	alth Senice Deculation		l		i

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Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I COMPLE		(X3) DATE SURVEY COMPLETED
AIND FLANK	OF GORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _	A. BUILDING:	
		MHL080-222	B. WING		R <b>04/15/2024</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
REVIVE H	OUSING, LLC		TH LONG STRE	ET	
	•		RY, NC 28144	ı	ı
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ALEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 110	Continued From page	4	V 110		
	Review on 4/8/24 of control - Admission date: 8/3 and - Age: 17 and - Diagnoses: ADHD at the Refer to V296 for evidemonstrate knowled required by the population 3/23/24.  Refer to V296 for evidemonstrate knowled required by the population 3/23/24.  Refer to V296 for evidemonstrate knowled required by the population 3/23/24.  This deficiency is cross NCAC 27G .1701 Secrule violation and must days.	client #4's record revealed: //23  Ind Adjustment Disorder  Idence that staff #4 did not ge, skills and abilities ation served on 3/23/24  Idence that staff #7 did not ge, skills and abilities ation served on 2/24/24 and  Idence that staff #1 did not ge, skills and abilities ation served on 1/26/24  Idence that staff #1 did not ge, skills and abilities ation served on 1/26/24  Idence that staff #1 did not ge, skills and abilities ation served on 1/26/24  Idence that staff #1 did not ge, skills and abilities ation served on 1/26/24  Idence that staff #1 did not ge, skills and abilities ation served on 1/26/24  Idence that staff #1 did not ge, skills and abilities ation served on 1/26/24  Idence that staff #1 did not ge, skills and abilities ation served on 1/26/24  Idence that staff #1 did not ge, skills and abilities ation served on 2/24/24 and	V 114	27G .0207 Emergency Plans and Sul This Rule is not met as evidenced by on record review and interviews, the failed to ensure fire and disaster drills conducted quarterly on each shift.	Based 5/6/2024 swere
	AND SUPPLIES  (a) A written fire plan area-wide disaster plashall be approved by authority.  (b) The plan shall be and evacuation processed in the facility.  (c) Fire and disaster as shall be held at least repeated for each shi under conditions that	an shall be developed and the appropriate local made available to all staff dures and routes shall be drills in a 24-hour facility		Revive Housing has corrected the prodrills. Revive Housing will now be implementing monthly drills to cover a shift to correct the finding. Staff will be via the home base system at the time monthly drills should become due. St be required to perform the drill during shift and note the log of the drill. A me was held with staff 5/6/24 to cover the in the drill frequency as well as protodiocumenting the drill. QP/Director will perform end of month logbook checks ensure staff are complying with the pland to prevent the issue from reoccur	each e alerted aff will each eeting e change col for i s to rotocol

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(X3) DATE SURVEY

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		MHL080-222	B. WING		R <b>04/15/2024</b>
	ROVIDER OR SUPPLIER	523 NOR	DDRESS, CITY, STATE  TH LONG STREET  JRY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 114	Continued From page accessible for use.	5	V 114		
	conducted quarterly of are:  Review on 4/8/24 of the second secon	ew and interviews, the e fire and disaster drills were en each shift. The findings the facility's fire and disaster			
	drill log from 4/1/23 - 3/24/24 revealed:  - 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).				
	practiced during the formal (October-December).  Interview on 4/10/24 v - The clients do not pu - "I know they (staff) a	with client #1 revealed: ractice fire drills. are supposed to practice the They have a fire drill book			
Division of Llo	"not every month."  - The clients did not p morning nor during th	fire and disaster drills but ractice the drills early in the e night.			

(X2) MULTIPLE CONSTRUCTION

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		MHL080-222	B. WING		04/15/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, ST/	ATE, ZIP CODE		
	OHEING TTO	523 NORT	H LONG STRE	ET		
KEVIVE H	OUSING, LLC	SALISBUR	RY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 114	Continued From page	6	V 114			
	Interview on 4/11/24 v - He practiced fire and with the clients.  Interview on 4/8/24 w revealed: - 1st shift fire and disapm-11 pm - 3rd shift fire and disapm-17 am - "I know we do disast and fire drills once a requarterly."  This deficiency constitand must be corrected and must be corrected 27G .0209 (C) Medication adminition or not only be administered order of a person autidrugs. (2) Medications shall clients only when auticlient's physician. (3) Medications, incluadministered only by unlicensed persons to pharmacist or other less that the client is physician.	with staff #1 revealed: d disaster drills "quarterly"  ith the Licensee/Director aster drills are practiced: aster drills are practiced: 3 aster drills are practiced: 11 ter drills one time quarterly month or three times  tutes a re-cited deficiency d within 30 days.  ation Requirements  MEDICATION	V 118	27G .0209 (C) Medication Requirements- This Rule is not met as evidenced by: Based on record review observations and interviews, the facility failed to administer on the written orde of a physician and a Medication Administration Record (MAR) was not current, affecting 1 of 4 clients (#4).  Revive Housing immediately corrected the medication issue on April 12, 2024 which was a result of misinterpretation when inputting the medication in question was written in international units (iu) and not milligrams (mgs) resulting in the wrong dose of vitamin obeing administered. Revive Housing AP/QP consulted with the client's care provider on April 12th, 2024, to confirm next steps and concerns on incorrect dose. There were no concerns, and it was advised to revert client to his correct dose. The client has an appointment scheduled for labs May 16thto assess levels. Communication was sent to QP/executive director on the mistake that occurred and provided instruction on medication labeling and interpretation. To prevent this error from reoccurring, the AP who is also a registered nurse will provide verification and final sign off prior to the medication record going into the client's file. Any clarification needed on medication will follow policy and outreach will be made to the client's		
		inistration Record (MAR) of to each client must be kept		care provider prior to administering.		
			•	i e e e e e e e e e e e e e e e e e e e		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		
					R	
		MHL080-222	B. WING		04/15/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	, ZIP CODE		
REVIVE H	OUSING, LLC	523 NORT	TH LONG STREE	г		
KLVIVLII	Odding, ELC	SALISBU	RY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 118	Continued From page	7	V 118			
	current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for ad (D) date and time the (E) name or initials of drug.  (5) Client requests for checks shall be record	administered shall be after administration. The following: nd quantity of the drug;				
	written order of a physical Administration Record affecting 1 of 4 clients  Review on 4/8/24 of 6 - Admission: 8/3/23 - Diagnoses: Attention Disorder and Adjustm - Physician order date micrograms (mcg) (20 at 8:00 am.	ew, observations and failed to administer on the sician and a Medication d (MAR) was not current, as (#4). The findings:  Slient #4's record revealed:  In Deficit Hyperactivity  ent Disorder ad 7/5/23 for: Vitamin D3 50 000 IU (International Units))				
	Review on 4/9/24 of of 2/1/24-4/9/24 reveale - Vitamin D3 (supplen Take one tablet by mo - There was a staff initialth Service Regulation	d: nent) 50 mcg (5,000 IU): outh every day.				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		Б.
		MHL080-222	B. WING		R 04/15/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
REVIVE H	OUSING, LLC		i Long Strei Y, NC 28144	<b>ET</b>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 118	of vitamin D3 every d Observation at approximate revealed: - Vitamin D3 bottle has 5000 IU (125 mcg)" Interview on 4/12/24 Professional revealed: - She was a registere clients' MAR sheets "The person who bothe 50 mcg as 5,000 bought a 5,000 IU bothe sheet on 4/12/24 revealed: - She was not concerreceived 5,000 IU of the sheet	ng he had received 5000 IUs ay.  Eximately 3:41 pm on 4/9/24 and a label that read, "D3  With the Associate I: It didn't realize they are the local pharmacist	V 118	G.S. 131E-256(G) HCPR-Notification Allegations, & Protection G.S. §131E HEALTH CARE PERSONNEL REGIST This Rule is not met as evidenced by Based on record review and interview facility failed to report an allegation at health care personnel to the Health C Personnel Registry (HCPR) for 1 of 2 audited paraprofessional staff (staff #QP met with director on 5/6/24 to enscorrect reporting protocol. Specifically reviewed State reporting requirement circumstances. Following an internal investigation, the staff in question has reported to the Health Care Personne Registry. In the event future issues a arise at Revive Housing, Proper notif of any allegations will be reported wit timeframe to the Health Care Person Registry. On 5/6/2024, an employee accused of abuse allegations was	-256 STRY- : vs, the gainst care ::1). sure y, QP rs and s been el re to ication hin nel
V 132	- "The only thing (of of levels are."  G.S. 131E-256(G) HO Allegations, & Protect  G.S. §131E-256 HEAREGISTRY  (g) Health care faciliti Department is notified health care personne unknown source, which any act listed in subd (which includes:  a. Neglect or abuse facility or a person to as defined by G.S. 13	oncern) would be what his  CPR-Notification, tion  LTH CARE PERSONNEL  es shall ensure that the d of all allegations against	V 132	terminated from Revive Housing. Prictermination the employee had been to off the schedule and completed EBPI refresher in December of 2023(There no allegations reported at the time). QP covered correct protocol of report incidents and health care registry. Director and met with all house staff to cover requirements of reporting Harm Abuse, Neglect or Exploitation. Revive Housing Policy was reviewed on 5/6/. QP of which was covered with all staff members. QP will monitor compliance though review of said allegations. This be an ongoing process. QP will revisit policy yearly and make necessary chand provide updates and training as required.	aken  were  ing of  o, re 24, by ff e is will t the

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		MHL080-222	B. WING		04/15/2024	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STAT	•		
REVIVE H	OUSING, LLC		H LONG STREE	T		
		SALISBUR	Y, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 132	Continued From page	9	V 132			
, 192	b. Misappropriation of in a health care facility (b) of this section includers services as defined in a health care services as defined in a health care facility.  d. Diversion of drugs facility or to a patient e. Fraud against a harapatient or client for providing services). Facilities must have a cts are investigated to protect residents from the providing in project investigations must be considered in the project of the providing services.	of the property of a resident y, as defined in subsection uding places where home ned by G.S. 131E-136 or refined by G.S. 131E-201 of the property of a selonging to a health care or client. ealth care facility or against whom the employee is evidence that all alleged and must make every effort om harm while the gress. The results of all e reported to the e working days of the initial				
	facility failed to report care personnel to the Registry (HCPR) for 1	ew and interviews, the an allegation against health Health Care Personnel				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
	MHL080-222	B. WING		R 04/15/2024	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	•	
	523 NOR	TH LONG STREE	T .		
REVIVE HOUSING, LLC		JRY, NC 28144			
(X4) ID SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PRÉFIX (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 132 Continued From page	10	V 102			
Review on 4/10/24 of Improvement System - Date of incident: 12/7 - Submitted by: the Lic - 12/7/23 incident of st face/nose "Does this incident in the facility? No" - The facility did not restaff #1 to the HCPR.  Interview on 4/12/24 werevealed: - He did not report statit was not abuse."  V 293 27G .1701 Residential 10A NCAC 27G .1701 (a) A residential treatment of the estanding resident intensive, active thera interventions within a shall not be the primare who is not a client of the continuous as this Section. (c) The population se adolescents who have mental illness, emotion substance-related disconcerning disorders disabilities. These chinot meet criteria for in	the Incident Response (IRIS) revealed: 7/23 censee/Director taff #1 hitting client #4 in the include an allegation against eport allegations of abuse by with the Licensee/Director iff #1 to the HCPR "because  I Tx. Child/Adol - Scope  SCOPE ment staff secure facility for is is one that is a ital facility that provides peutic treatment and system of care approach. It ry residence of an individual the facility. It is staff are required to be seep hours and supervision as set forth in Rule .1704 of rived shall be children or a primary diagnosis of	V 293	627G .1701 Residential Tx. Child/Adol This Rule is not met as evidenced by: I record review, and interview, the facility failed to ensure continuous staff supervential ensure safety and deescalate out of cobehaviors including frequent crisis man with or without physical restraint in order minimize the occurrence of behaviors of functional deficits affecting 4 of 4 client.  While Revive Housing is being recited issue, the staff schedule has consistent staffed with two employees for each shough the parent of the employ they are not able to make their shift or late to their shift to ensure that two staff members are present on every shift. Ewill continue to use the home base systalert all staff members of any instance someone will be late or not make their the event an employee cannot find cover their shift, QP/Director must be notified immediately. QP/Director have started shift visits to ensure compliance with the required staffing. QP/P and Director will random shift visit for the next 2-month ensure compliance and prevent the iss reoccurring. As a result of this said find Revive Housing immediately required a complete a web-based teaching video covered de-escalation techniques as we understanding the population served. These were conducted by QP/AP/LP and executive director. These assessments commenced though the week to account staff availability per shift.  After direct observation all staff were set executive director. These assessments completed on May 8th, 2024. To further the occurrence of this finding, Revive I has created refresher training material will be a requirement to complete at the 6-month mark of employment. The AP/conduct the refresher training and proves of the executive director to the executive director of the executive director of the executive director of the executive director of the executive director of the executive director of the executive director of the executive director of the executive director of the executive director of the executive director of the executive director of th	Based on y staff vision; ontrol agement er to elated to s (#1-#4).  For this tity been iff. On lee ewhen will be f mployees tem to of where shift. In erage for random lee continue s to ue from ling all staff to that rell as his was  15iin, eeds. In the same and revent elas and revent elas and revent elousing of which elas and revent elousing of which elas and revent elousing of which elas and revent elousing of which elas and revent elousing of which elas and revent elousing of which elas and revent elousing of which elas and revent elousing of which elas and revent elousing of which elas and revent elousing of which elas and revent elousing of which elas and e	

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		MHL080-222	D. 111110		04/15/2024
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STAT		
REVIVE H	IOUSING, LLC		H LONG STREE	т	
	I		Y, NC 28144		
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V 293	require the following: (1) removal from community-based restraction facilitate treatment; and (2) treatment induction (2) treatment induction (3) include individual (3) ensure safe control behaviors included and the communication, social (5) support the gaining the skills need intensive treatment set (f) The residential trestall coordinate with the communication of the control of the skills need intensive treatment set (f) The residential trestall coordinate with the communication in the skills need intensive treatment set (f) The residential trestall coordinate with the communication in the skills need to control the skills need to coordinate with the coord	m home to a idential setting in order to a a staff secure setting. designed to: vidualized supervision and g; e occurrence of behaviors deficits; ty and deescalate out of uding frequent crisis without physical restraint; aild or adolescent in the e functioning in self-control, al and recreational skills; and child or adolescent in ded to step-down to a less etting. atment staff secure facility	V 293		
	staff failed to ensure of ensure safety and de- behaviors including fr	as evidenced by: ew, and interview, the facility continuous staff supervision; escalate out of control equent crisis management al restraint in order to			

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(X3) DATE SURVEY

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
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NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE	
REVIVE H	OUSING, LLC		H LONG STREE RY, NC 28144	ET .	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 293	Continued From page	12	V 293		
V 250	minimize the occurrer functional deficits affer The findings are:  Cross Reference: 10A Competencies of Quatassociate Professional interviews and record professionals (QP) fail knowledge, skills, and population served.  Cross Reference: 10A COMPETENCIES AN PARAPROFESSIONA record reviews and in paraprofessional staff	A NCAC 27G .0203  Illified Professionals and als (V109). Based on reviews, 1 of 3 qualified demonstrate the abilities required by the A NCAC 27G .0204  ID SUPERVISION OF ALS (Tag V110). Based on terviews, 3 of 11 of 11 (#1, #4 and #7) failed to wiedge, skills and abilities	. 200		
	on record review and to have two direct car adolescents while the asleep affecting 4 of 4 Review on 4/15/24 of 4/15/24 written by the (AP) revealed: "What immediate active ensure the safety of the 10A NCAC 27G .0203 Professionals and Ass (V109) Revive Housing Direct (4/15/24) assess the 6 Associate Professionals to ensure their competitions."	quirements (V296). Based interviews, the facility failed e staff present for up to four adolescents were awake or a clients (#1 - #4).  the Plan of Protection dated Associate Professional on will the facility take to the consumers in your care? Competencies of Qualified sociate Professionals			

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AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
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		MHL080-222	B. WING		04/1	5/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	re, ZIP CODE		
		523 NOR	TH LONG STREE	- = <b>T</b>		
REVIVE H	OUSING, LLC		JRY, NC 28144	<del>-</del> -		
	OUR DATE OF COT			PROVIDENCE DI ANI CE CORRECTIO		
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				DEFICIENCY)		
V 293	Continued From page		V 293			
V 2 <del>9</del> 3	Continued From page	<i>3</i> 13	V 293			
	any gaps found in dir	ect observation and correct				
	these gaps with on-th	e-spot training.				
		ilso be sent out to every staff				
	member to cover safe					
	protocol, de-escalatio	•				
	10A NCAC 27G .0204					
	Supervision of Parapi					
		issess (4/15/24) staffed				
	_	direct shift observation to				
		ncies in the population being				
		nmediately rectify any gaps				
		ation and correct gaps				
		ot training. Communication				
	_	o every staff member to				
		s, housing protocol, and				
	de-escalation technic					
	there is adequate sta					
		sing continues with hiring of				
	staff to meet the mini	mum staffing requirements.				
Ì		ocess due to high turnover	j			İ
		III facilities. There are				
		ve staff members available				
	to meet the staffing re	•				
	10A NCAC 27 G .170					
		ediately review (4/15/24) the				
		d staff to make sure that the				
		re completed and, in their				
		lient 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 communic	ations are shared today to				
	address housing prot	ocol and policy as well as				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
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NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA I LONG STREI			
REVIVE H	OUSING, LLC		Y, NC 28144	=1		
			1, NO 20144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 293	Continued From page	: 13	V 293			
	any gane found in dire	ect observation and correct				
	these gaps with on-th					
	<b>-</b> .					
		Iso be sent out to every staff				
	member to cover safe	-				
	protocol, de-escalatio					
	10A NCAC 27G .0204	•				
	Supervision of Parapr	` · · · · · · · · · · · · · · · · · · ·				
		ssess (4/15/24) staffed				
	•	direct shift observation to				
		ncies in the population being				
		nmediately rectify any gaps				
		ation and correct gaps				
	-	t training. Communication				
		o every staff member to				
	•	, housing protocol, and				
	de-escalation techniq					
	10A NCAC 27 G .170	_				
	Requirements (V296)					
		mediately begin shift checks				
		ere is adequate staffing of				
		r shift. A reminder will be				
		e Housing employees follow				
	-	cannot be made to ensure				
	there is adequate stat					
		sing continues with hiring of				
		num staffing requirements.				
		ocess due to high turnover				
	rates within the level I					
	•	e staff members available				
	to meet the staffing re	· ·				
	10A NCAC 27 G .170					
		ediately review (4/15/24) the				
		d staff to make sure that the				
		re completed and, in their				
		ient being served. Director				
		shift assessments are				
		any necessary on the spot				
		the director will ensure the				
	-	ations are shared today to				
	address housing prote	ocol and policy as well as				
		· · · · · · · · · · · · · · · · · · ·				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
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NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		523 NORTH	I LONG STRE	ET	
REVIVE H	OUSING, LLC		Y, NC 28144	<del>-</del> -	
0441 IB	CUMMADV CT	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	J
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	V,
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
V 293	Continued From page	. 14	V 293		
V 2 <del>3</del> 3	Continued From page	; 14	V 293		
		ues. The director will review			
	as often as necessary	/. The goal is to assure we			
	aid clients to minimize	the occurrence of			
	behaviors related to fi	unctional deficits and assist			
	the child or adolescer	nt in the acquisition of			
	adaptive functioning in	n communicating and			
	support the child or a	dolescent in their treatment			
	goals.				
	Describe your plans to	o make sure the above			
	happens.				
	10A NCAC 27G .0203	3 Competencies of Qualified			
	Professionals and Ass	-			
	(V109)				
		nts will be completed during			
		and provide on the spot			
		fied as not meeting policy			
	requirements.	51 3			
	10A NCAC 27G .0204	4 Competencies and			
	Supervision of Parapr	•			
		nts will be completed during			
		and provide on the spot			
		fied as not meeting policy			
	requirements.				
	10A NCAC 27 G .170	4 Minimum Staffing			
	Requirements (V296)	<del>-</del>			
		immediate shift checks to			
	_	ng requirements are met.			
		esignee will be notified			
	_	to ensure the appropriate			
	staff are on each shift				
	10A NCAC 27G. 170	1 scope (V293			
		w the files of each client			
	and staff to make sure	e that the necessary			
		ed in their files to support			
		d. will ensure the staff files			
	_	trainings prior to the staff			
	-	he floor with clients. Director			
	will ensure immediate				
		necessary communication,			
		ps are sent to today to			
No. de-les - 5   1 - 1	of the Service Penulation	to any court to ready to			

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(X1) PROVIDER/SUPPLIER/CLIA

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
					R	
		MHL080-222	B. WING			5/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
REVIVE H	IOUSING, LLC	523 NORTH	I LONG STRE	ET		
		SALISBUR	Y, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 293	Continued From page	e 15	V 293			
	educate all employee	s. <b>"</b>				
	Disruptive Mood Dysil Post-Traumatic Stress Defiant Disorder, Cor Cannabis Use Disordalone with the 4 client clients to the park and store where she left to While the clients were physical assault occur client #1 and 17 year assault included client around client #1's need to poke clients. Client went Into the store to When staff #7 did not away from the store. arrived to get client # another vehicle he rerefused to get back in Professional made the other two staff would alone and unsupervisinstructed staff to call #1 as AWOL. On 2/2 alone with the 4 client stop client #4 from an #1 which frightened of police when staff #7 refered to get back in the frightened of police when staff #7 refered to get back in the frightened of police when staff #7 refered to get back in the 4 client staff #1 who made the decision to up his wife from work him. While the 4 client altercation occurred a hit clients with a metal	to: Attention Deficit r, Adjustment Disorder, regulation Disorder, s Disorder, Oppositional duct Disorder, and er. Staff #7 who worked its on 3/23/24 drove the d then to the cell phone he 4 clients alone in the van. e left alone in the van a rred between 12-year-old hold client #4. The physical t #4 putting his hands ck and client #1 used a stick if got out of the van and seek out help from staff #7. help client #1 he walked Later when additional staff back in the facility van or fused. When client #1 any vehicle the Qualified e decision that he and the leave 12-year-old client #1 ed in a public area and the police and report client 4/24, staff #7 again worked ts and did not intervene to a attempt to strangle client lient #1 to make a call to the efused to call for help. On was the only staff working use the facility van to pick and the 4 clients rode with				

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CTATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		MHL080-222	B. WING		R 04/15/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	
REVIVE H	OUSING, LLC		I LONG STRE	ET	
	, 		Y, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 293	Continued From page	e 16	V 293		
	kicked the van and th and the police were c	reatened to hit the staff's car alled.			
	This deficiency consti violation for serious n corrected within 23 da	eglect and must be			
V 296	telephone or page. A able to reach the facil times.  (b) The minimum nur required when childre present and awake is (1) two direct cone, two, three or fou	MINIMUM STAFFING sional shall be available by direct care staff shall be ity within 30 minutes at all mber of direct care staff on or adolescents are as follows: are staff shall be present for r children or adolescents;	V 296	27G .1704 Residential Tx. Child/Adol - I Staffing 10A NCAC 27G .1704 MINIMUI STAFFING REQUIREMENTS- This Rul met as evidenced by: Based on record rand interviews, the facility failed to have direct care staff present for up to four adolescents while the adolescents were or asleep affecting 4 of 4 clients (#1 - #4 Revive AP/QP will immediately begin shacks (4/15/24) to ensure there is adec staffing of two staff members per shift. A reminder will be sent all to have Revive Housing employees follow protocol whe shift cannot be made to ensure there is adequate staffing on each shift. In addit	M 4/15/2024 e is not review two awake al).  iff quate a son,
	for five, six, seven or adolescents; and (3) four direct of nine, ten, eleven or twadolescents.  (c) The minimum nur during child or adolescents follows:  (1) two direct cand one shall be awa children or adolescent (2) two direct cand both shall be awa children or adolescent (3) three direct of which two shall be	eare staff shall be present for velve children or enter of direct care staff cent sleep hours is as are staff shall be present ke for one through four ts; are staff shall be present ake for five through eight		Revive Housing continues with hiring of meet the minimum staffing requirements is an ongoing process due to high turnor rates within the level III facilities. There a currently several active staff members available to meet the staffing requireme.  In effort to prevent the issues from occuagain, the following actions have been place:  • Two staff will be always on each shift.  • House manager or designee will be not immediately in the event of call out to er the appropriate staff are on each shift.	s. This ver are ints. urring out into

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: \_ B. WING MHL080-222 04/15/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **523 NORTH LONG STREET REVIVE HOUSING, LLC** SALISBURY, NC 28144 (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 296 V 296 Continued From page 17 adolescents. (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. (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. 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: 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)** Review on 4/10/24 of client #2's record revealed:

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- Age: 16

- Admission date: 8/24/23

- Diagnoses: ADHD; Post-Traumatic Stress Disorder; Conduct Disorder; DMDD; and

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Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
					R	
MHL080-222		B. WING		04/1	5/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DEVINE U	OUSING, LLC	523 NORTH	LONG STRE	ET		
KEVIVE	oosing, LLC	SALISBUR	Y, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 296	Continued From page	e 18	V 296			
	Adjustment Disorder					
	- Admission date: 6/1: - Age: 16 - Diagnoses: Conduct	client #3's record revealed: 3/23 t Disorder; Oppositional mabis Use Disorder; and				
	Review on 4/8/24 of client #4's record revealed: - Admission date: 8/3/23 - Age: 17 - Diagnoses: ADHD and Adjustment Disorder					
	Finding #1					

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY			
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			Ī	_		
MHL080-222		B. WING		R 04/15/2024		
		WIIILUGU-ZZZ			04/15/2024	
NAME OF PR	OVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ITE, ZIP CODE		
REVIVE H	DUSING, LLC		I LONG STRE	ET		
		SALISBUR	Y, NC 28144			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 296	Continued From page	: 19	V 296			
V 296	- Staff #7 followed him pharmacy. Then staff car and the QP arrive staff left at the same to get in the staff car and "The QP said 'Ok w" because he refused - Police officer #1 arristaff left. He recalled to officer (police officer #2 put him in the back of - Police officer #1 ask "AWOL" (absent with because I kept getting I didn't want to go back "Attempted Interview of police officer #1 revea - No return telephone Interview on 4/9/24 w - Sometime possibly of 2024) he and the other he park with staff #7 facility. As the clients client #1 got a stick. The feet long They drove to the celeft the clients inside to the store While staff #7 was in	in the van to the f #4 arrived in his personal d in another van. All the time because he refused to d vans.  The will let the police find you' to get in the vehicles. The vehicles were about 2 hours after the the name of the police #1) who searched him then f his patrol car.  The dhim why he went put leave) and "I told him to g abused (by the clients) and ck."  The name of the police went put leave and "I told him to g abused (by the clients) and ck."	V 296			
	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 #					
		to the cell phone store to				
		outside and staff #7 did not				
		se she is trying to get her				
	phone." Client #1 wa	lked out of the store and				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

NAME OF PROVIDER OR SUPPLIER  REVIVE HOUSING, LLC  STREET ADDRESS, CITY, STATE, ZIP CODE  523 NORTH LONG STREET  SALISBURY, NC 28144  (X4) ID  SUMMARY STATEMENT OF DEFICIENCIES  ID  PROVIDER'S PLAN OF CORRECTION  (X	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  SERVIVE HOUSING, LLC  SALISBURY, NC 28144  (X4) ID  SUMMARY STATEMENT OF DEFICIENCIES  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  SALISBURY, NC 28144  (X4) ID  PROVIDER'S PLAN OF CORRECTION  X	AND PLAN OF	- CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
REVIVE HOUSING, LLC  523 NORTH LONG STREET SALISBURY, NC 28144  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X			MHL080-222	B. WING		R 04/15/2024
REVIVE HOUSING, LLC  SALISBURY, NC 28144  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X	NAME OF PRO	OVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STATE	E, ZIP CODE	
SALISBURY, NC 28144  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X		MICINO II O	523 NORT	H LONG STREET	г	
Y'''''	KEVIVE HOL	JUSING, LLC	SALISBUF	RY, NC 28144		
	PRÉFIX	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE
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.  - 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 neerby 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.  Interview on 4/9/24 with client #3 revealed:  - 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*** 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 and "started walking off."  - Staff #7 called the QP after client #1 walked away from the cell phone store.  - "Client #1] wouldn tog te into the facility van. He would also not get into the QP's van.  - "Client #1] wouldn tog te into the facility van. He would also not get into the QP's van.  - "Client #1 wouldn tog te into the clients #1 got back to the facility.	s c v t t - v A v t t C - ( ( g [i + s a - i + s a c g - c s a - v + s a c g - c s a -	started walking down out of the cell phone is walking down the side to come back and he - While in the van, sta was at the facility to le AWOL. Staff #7 follow walked to a nearby plothe same location and QP showed up in and - "[Client #1] refused (facility) van and [QP] group home (facility) [Client #1] there." - Later the police drop facility.  Interview on 4/9/24 w - He recalled recently store with only staff # and #4) While staff #7 was in #1 who had previousl about 2 feet long at the [Client #4] in the b***s altercation then occur client #4 in the van. "[grabbed [client #1] ar - Client #1 got out of the cell phone store. Client #1 got out of the cell phone store. Client #1 would not would also not get into - "[Client #1] wouldn't home." The QP left ar - He did not know how	athe sidewalk. Staff #7 came store and saw client #1 ewalk. Staff #7 told client #1 ignored her. aff #7 called staff #4 who et him know client #1 went wed client #1 to where he harmacy. Staff #4 drove to d about 5 minutes later the other facility van. to get in the group home I said to go back to the and call the cops. They left pped off client #1 at the with client #3 revealed: If y going to the cell phone is and the clients (#1, #2, in the cell phone store client the park started "poking is with a stick." A physical med between client #1 and [Client #4] got tired of it and ind he started choking him." The van and went into the ent #1 then left the cell phone sliking off."  QP after client #1 walked into the GP's van. to get in the van so we went as well.	V 296		

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Division	of F	lealth	Service	Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		MILLI SOC COO	B. WING		R
MHL080-222			D. 111110		04/15/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		523 NORTI	I LONG STRE	ET	
REVIVE H	OUSING, LLC		Y, NC 28144	<del>-</del> -	
0441.15	CUMMADV CT	ATEMENT OF DEFICIENCIES	T	PROVIDER'S PLAN OF CORRECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 296	Continued From page	21	V 296		
	Interview on 4/8/24 w	ith client #2 revealed:			
		he and the other 3 clients			
	_	in the facility van with staff			
		ne back from the park and			
	went to the cell phone				
		n the cell phone store, the 4			
		van alone. There was a			
		the van between client #4			
	and client #1.	The van between cheft #+			
		AWOL and walked towards			
		#4 and the QP arrived to			
	· · · · ·	ient #1 did not get in the			
	-	k to the QP in the van he			
		Client #1 arrived at the			
	facility later that even				
	lacility later triat even	ilig.			
	Interview on 4/11/24 v	with staff #7 revealed:			
		the clients (#1- #4) to 2			
		self. Staff #4 stayed at the			
	- •	er to arrive. After she and the			
	_	they drove to a store "for toy			
		to the cell phone store for			
	•	s broken and she needed a			
	-	and client #3 first came into			
	•	and then went back to the			
	•	vere then in the van alone.			
		into the store "angry."			
	- "[Client #1] and [clie				
	altercation (in the van				
		get in the van and she	1		
		#4 drove over to the cell	1		
	phone store and calle				
	_ ·	e phone with staff #4, client			
		e pharmacy. Client #1			
		all phone store and stood in			
		ng becausethe boys said	1		
		was poking [client #4] with			
		parts." She did not know			
	client #1 had a stick.	and the net more			
		talked to client #1 and	1		
N:£11	- THE QF attived, He	KING W CHOILT I AND	J.		

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL080-222	B. WING		R 04/15/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
DEVINE U	OHEING TTO	523 NORT	TH LONG STREE	т		
KEVIVE	OUSING, LLC	SALISBU	RY, NC 28144			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 2 <b>9</b> 6	Continued From page	22	V 296			
	offered to let client #1 in staff #4's car. Client to get into any car."  - "[QP] instructed us thome (facility) and lea and say that [client #1 tell the police where whad on."  - She, staff #4 and the left "he was still walking store] parking lot."  - She and staff #7 ret 3 clients (#2- #4). Stallents (#2- #4). Stallents (#2- #4). It took the police about him back to the facility.  - " I don't feel it was by himself."  Interview on 4/11/24 to Sometime on a Sature.	ride in the van with him or at #1 said, "no he didn't want to go back to the group ave and to call the police I], that he was AWOL and to we last saw him and what he e QP all left. When they all a ground the [cell phone to the facility with the fif #7 called the police. Out 20 or 30 minutes to bring y.				
		om staff #7 who stated she				
		1 and staff #7 told me the located. Client #1 had been				
	jumped out."	and "that's where [client #1]				
- 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.						
	<ul> <li>The QP arrived and tried to get client #1 in the van and he refused to get in the van.</li> <li>"[QP] told all of us to go back to the group home (facility). [QP] went back to a different group home (facility)."</li> <li>When everyone left [client #1] was seen in the</li> </ul>					
		al pharmacy] because he				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
				<del></del>	_
		F4111 000 000	B. WING		R
MHL080-222			D. WIITO		04/15/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		523 NORTI	H LONG STRE	ET	
REVIVE H	OUSING, LLC		Y, NC 28144	<del>-</del> -	
0441 IB	CUMMADV CT	ATEMENT OF DEFICIENCIES	T	PROVIDER'S PLAN OF CORRECTION	N 0500
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	V.0,
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
V 296	Continued From page	. 22	V 296		
V 2 <del>3</del> 0	Continued From page	: 23	V 250		
	didn't get into anyone	's car.			
	- When he got back to	the facility, he then called			
	911.	•			
	- He did not feel like it	t was a good plan to leave			
	client #1 at the pharm				
	- "I didn't want to leav	•			
	Interview on 4/11/24 v	with the QP revealed:			
	- On either 3/23/24 or	3/30/24 he was called			
		s out in the community and			
	refused to get into the				
	_	the pharmacy parking lot			
		lient #1 in the car with him			
		t him out in the streets			
		nd what things can happen			
	_	ent #1 refused to get in any			
	of the vehicles.	in the roll door to got in ally			
		and I went back to the			
		[Staff #4] called 911."			
		all the police for AWOL			
		) wasn't getting in the van or			
	the car."	, wasn't gotting in the vall of			
	uno can.				
	Interview on 4/12/24 v	with the Licensee/Director			
	revealed:	with the Liberidea Director			
		its (#1 - #4) "were out in the			
		#7]." The clients and staff			
		here client #1 picked up a			
	stick.	nere client #1 picked up a			
		pharmacy to get the clients			
		s inside at the pharmacy the			
		n and client #1 poked client			
		#4 then pushed client #1			
	and client #1 got out	•			
		ng out of the [pharmacy]			
		net her at the door and said			
	that [client #4] pushed				
		group home (facility)."			
		#4 and the QP because			
	client #1 was refused	to get in the van. Staff #4			

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(X3) DATE SURVEY

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
		MHL080-222	B. WING		R 04/15/2024
	ROVIDER OR SUPPLIER	523 NO	ADDRESS, CITY, STATE RTH LONG STREET URY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
V 296	and the QP came over staff #7 and clients were "I talked to all 3 staff QP) involved the same - "[QP] or [staff #4] sat the police to bring you stayed in the vicinity are "He (client #1) didn't just refused to get in the "I told her (staff #7) them (the clients) with would have eliminated Finding #2  Review on 4/10/24 of Communications" from revealed: - "Date/Time: 2/24/24 - Caller name: [client: Notes: 13 YRO (year a kid at the group hore (Suspect) information top blk (black) shorts; - I spoke with [client: "who advised that he were client: "All I advised the evening. [Qualified Primanager, arrived on some thanger the juvenil on the individuals."  Interview on 4/11/24 vervealed: - She was one of the facility on 2/24/24 There was one "fermarrived.	er to the pharmacy where ere located. If (staff #4, staff #5, and the edy." Id (to client #1) we will get u back home. [Staff #4] Id (staff #7] and [QP] left." It run away from home he the van." It hat she should have taken in her (in the store). That did that incident."  "Local County in the local law enforcment  20:17 (8:17 pm)  #1] Ir-old) calling adv (advising) in put his hand on him In:age: 15; clothing: tank Name: [client #4]  [1] [(client #1's date of birth)] Ivas pushed and grabbed by them to stay separate for the	V 296		

(X2) MULTIPLE CONSTRUCTION

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		MHL080-222	B. WING		04/15/2024
NAME OF D		070557.400	DEGG OUT/ DT4	TE TIP CORE	,
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA		
<b>REVIVE</b> H	OUSING, LLC		I LONG STRE	EI	
			Y, NC 28144		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 296	Continued From page	e 25	V 296		
V 296	Review on 4/11/24 of email revealed:  - "Below you will find physical incident on 0 [client #1] ] [(client #1 advised that he was p [client #4] ] [(client #4 them to stay separate manager, arrived on s not charge the juvenil on the individuals."  Interview on 4/5/24 w  - "One time I called th (staff #7) wasn't going what happened. [Staf working and she was It happened in the livi #1- #4) were here"  - He called the police on the floor and choke back. He could not restarted.  - "He (client #4) was shis hands around my the floor and he was upressure on my Adam because he was choke to the point I could not staff #7 was in the liclients (#1- #4).  - "[Staff #7] kept saying the but she didn't do a of me. She just kept second in the floor and client #3 called client bathroom and client #	the notes in reference to the 12/24/2024: I spoke with 's date of birth)] who bushed and grabbed by 's date of birth)]. I advised of for the evening. [QP], the scene, advised him I could les due to no physical marks with client #1 revealed: The police because the staff of to do it and I told the police of #7] was the only staff not willing to call the police. In any staff not willing to call the police. The police is the police of #4 threw him and him while he was on his member how the altercation of the standing over me and had neck and my head was off using his thumbs to put his apple. I couldn't talk the police of the police of the police of the police of the police of the police. I couldn't talk the police of the pol	V 296		
	and "started talking to	o him." nothing she just sat there."			
		ned sometime possibly in			

Division of Health Service Regulation

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PRINTED: 05/01/2024 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION II	DENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL080-222	B. WING		R 04/15/2024	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	TE, ZIP CODE		
REVIVE HOUSING, LLC	523 NORTI	H LONG STREE	ET .		
TETTE HOUSING, ELO	SALISBUR	Y, NC 28144			
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDE	BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 296 Continued From page 26		V 296			
March 2024.					
Interview on 4/9/24 with clie  He thought the altercation between him and client #1 during Christmas break 202  "I believe it was only [staff Client #3 was in the living the shower. Client #4 was a facing the entrance to the li Client #1 was mocking his and was making fun of how voicemail. "I told him to sto Then client #1 got up and and I grabbed his arm and couch. I had the front of his scratched my armI tried a gasping for air."  Client #1's neck was red to there "the redness had gon Client #3's grip."  Client #3's grip."  Client #2 came out of the up and threw me into the ha "I walked to my room and me and stood at the door o calm me down by talking to ripped his tank top and he is his left arm.  Staff #7 was in the living ro occurred and did not try to Staff #7 told him after the in Licensee/Director had told break up fights.  Staff #7 tried to call the Q occurred and staff #7 told h Client #1 called the police out. The police talked to cl	in the living room occurred sometime 23.  f #7] working." room. Client #2 was in sitting on the couch iving room. smother's voicemail r she sounded on the p basically." "tried to swing at me pushed him on the shirt first and then he to choke himHe was but when the police got le away." off client #1. "I put my shile trying to get out of bathroom "picked me allway to break it up." [client #2] went with f my room and tried to le me." Client #1 had had two scratches on room when the incident break up the fight. Incident that the her they could not  P when the incident nim to get off client #1. I and the police came ient #1 outside then				

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STATE FORM F3GR11 If continuation sheet 27 of 63

(X3) DATE SURVEY

+17045192708 PAGE 62/64

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  S23 NORTH LONG STREET  SALISBURY, NC 28144  PROVIDER PLAN OF CORRECTIVE ACTION SHARING STREET  SALISBURY, NC 28144  V 296  Continued From page 27  arrested.  Interviews on 4/6/24 and 4/9/24 with client #2 revealed:  - The incident happened "probably late January (2024) beginning of February (2024).  - He had taken a shower in the bathroom off the living norm and was putting on his lockhose.  - "Only Islatif #71 was working that day".  - When he came out of the bathroom, he saw client #3 'was trying to slop [client #4] from choking [client #4] to his room." After he got client #4 and got him some water. It told [client #4].  - He had page to his back on the floor and client #4 hole (client #4) his norm some water. It old [client #4] he needed to stop putting hands on [client #1] because he could go to jall.  - He had been told by someone that client #1 hit client #4 first and it secalated from there.  - "(Slatif #7) awas working that and told [client #4] he needed to stop putting hands on [client #1] because he could go to jall.  - He had been told by someone that client #1 hit client #4 first and it secalated from there.  - "(Slatif #7) awas working that can be could go anything when he pulled client #4 of client #1.  *[Slatif #7] was swaning there and was not doing anything when he pulled client #4 of client #1.  *[Slatif #7] was swaning there and was not doing anything when he pulled client #4 first work and some of the client #1.  *[Slatif #7] was swaning the scalated the client #1 had poped it. Client #1 scratched client #4's arms and his upper left side.  - "(Slatif #7) was swaning the read was not doing anything when he pulled client #4's arms and his upper left side.  - "(Slatif #7) was swaning at lank top and client #1 had one to the facility, but show to to the facility, but show to to the facility was the only taked to client #4 and and the client #4's arms and his upper left side.  - He could not rocal the altercation incident.	AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
NAME OF PROVIDER OR SUPPLIER  REVIVE HOUSING, LLC  323 NORTH LONG STREET SALBSURY, NC 28144  PROVIDERS PLAN OF CREMENT OF THE CENNISES (EACH DEFICIENCY MUST BE PRECEDED BY FULL, PRECED BY THE REGULATIONY OR LSC IDENTIFYING INFORMATION)  V 298  Continued From page 27  arrested.  Interviews on 4/8/24 and 4/9/24 with client #2 revealed:  - The incident happened "probably late January (2024) beginning of February (2024).  - He had taken a shower in the bathroom off the living room and vare putting on his clothes.  - "Only latelf #7] was working that day."  - When he came out of line bathroom, he saw client #3 "was urying to slop [client #4] from choking [client #4] of latel lient #4] off [client #4]. "Iclient #4 was on his kneeds beside client #4.  - He then got "[client #4] is not worth it and I told [client #4] he client #4] is not worth it and I told [client #4] he client #4] is not worth it and I told [client #4] he needed to stop putting hands on [client #1] because he could go to jall."  - He had been told by someone that client #1 int client #4 first and it secalated from there.  - "(Slaff #7] was warding there and was not doing anything" when he pulled client #4 off client #4.  1 "(Slaff #7] only said [client #4] off client #1.  1 "(Slaff #7] only said [client #4] off client #4.  - "(Slaff #7] was wearing at tank top and client #1.  1 "(Slaff #7] was wearing at the top and client #1.  1 "(Slaff #7) was wearing at the top and client #1.  1 "(Slaff #7) was wearing at the top and client #1.  2 "(Slaff #7) was wearing at the top and client #1.  3 "(Slaff #7) was wearing at the top and client #1.  4 hed projed it. Client #4 to cratched client #4 sams and his upper left side.  - "(Slaff #7) was wearing at the top and client #1.  4 hed projed it. Client #4 to cratched client #4 sams and his upper left side.  - "(Slaff #7) was wearing at ank top and client #1.  4 hed one to the decay was weare red. The redness around his neck "is where a collar would go."  - Client #4 same was and the police. When he police came to			MHL080-222	B. WING			
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- He could not recall the altercation incident			was some to choin in a did				
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(X2) MULTIPLE CONSTRUCTION

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	(X2) MULTIPLE CONSTRUCTION			
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMI	PLETED
						R
		MHL080-222	B. WING		04	/15/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		523 NOF	RTH LONG STREET	· [		
REVIVE H	OUSING, LLC		JRY, NC 28144			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	GOMPLETE DATE
V 296	Continued From page	e 28	V 296			
	between client #1 and	d client #4.				
	Interview on 4/11/24	with staff #7 revealed:				
		was missing a ball and				
		his ball. Client #4 was				
	_	had the ball and client #1				
	got upset. Client #1 "	patted down" client #4 and				
		his ball. This occurred in the				
	living room.					
		ent #4] in the head with his				
	-	empted to flip the couch that				
	[client #4] was sitting [client #1] and said to	on. [Client #4] was pushing				
	_	the office off the living room				
		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.					
	-	he living room floor. [Client				
		lient #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					
	_	athroom off the living room				
	area.	•				
	- Client #3 "tried to pu	ıll [client #1] off [client #4]				
		wrist. I was trying to get his				
		client #1's neck. [Client #2]				
		room and he pulled [client				
	#4] away from [client	_				
		s room. Client #2 followed and "was talking to [client				
	#4] and trying to get h	<b>U</b> -				
		on client #4 in his bedroom				
		tside with the phone and				
	called the police.	mar are priorie and				
Nivinian of Lla	alth Service Regulation		I			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
			A. BUILDING:_		
		MHL080-222	B. WING		R 04/15/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	TE, ZIP CODE	
DEVIVE H	OUSING, LLC	523 NORT	H LONG STREI	ĒΤ	
KLVIVL II	OGGING, ELG	SALISBUR	RY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETE
V 296	Continued From page	29	V 296		
V 296	- The police arrived a - "The other staff (stath his wife and would be gone for 25 minutes we call [QP] to let him kn [client #1] called the public ensee/Director] seleft to call or text then total of about 40-45 m - "I was doing more the inthe middle and pust because I was by myleft to go help his wife one and not the other interview on 4/12/24 metalled.  Attempted interview of Department of Social - Did not return phone Interview on 4/12/24 metalled: - On 2/24/24 all the client #7 and staff #4 metalled Staff #7 called the public enterview of the public were call and client #4) were put toy. She (staff #7) call like they were going to fig a big scene go ahead	Inditalked to both clients.  If #1) said he had to go help back. [Staff #1] had been when the fight started. I did low what happened and that bolice. I told [QP] that [staff le home. [QP] and laid that the next time a staff in. [Staff #1] was gone for a minutes."  man verbal commands. I got shed them both away self because [staff #1] had le. I didn't want to restrain  ir"  with the QP revealed: le incident on 2/24/24.  In 4/11/24 with Client #1's Services Legal Guardian: le call.  with the Licensee/Director lients were present (#1 - #4).  were working.  olice on 2/24/24.  ed because "they (client #1  ushing and shoving over a led me that day. She felt of fight. I had told staff if you rescalate go ahead but if tht and there was going to be I and call the police. The	V 296		
	clients didn't put their	ot been called because the hands on each other. They			
	(client #1 and client # shoving each other the other clients had to go	at day. No none of the			

Division of Health Service Regulation

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