	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601336	B. WING		05/31/2024	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
IFESPAN	FARMPOND LANE		RMPOND LANE DTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
		laint survey was completed int was substantiated (intake iciencies were cited.				
	category: 10A NCAC	ed for the following service C 27G .5600C Supervised With A Developmental				
	-	ed for 3 and currently has a rvey sample consisted of ent.				
V 105	27G .0201 (A) (1-7) (Governing Body Policies	V 105			
	POLICIES (a) The governing both facility or service shar written policies for the (1) delegation of mar operation of the facilit (2) criteria for admisse (3) criteria for dischar (4) admission assess (A) who will perform (B) time frames for co (5) client record man (A) persons authorized (B) transporting reco (C) safeguard of reco defacement or use b (D) assurance of reco authorized users at a (E) assurance of con (6) screenings, which (A) an assessment of problem or need;	hagement authority for the ty and services; sion; rge; sments, including: the assessment; and ompleting assessment. agement, including: ed to document; rds; ords against loss, tampering, y unauthorized persons; ord accessibility to all times; and fidentiality of records.				

	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 05/31/2024	
		MHL0601336				
IAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE,	ZIP CODE		
IFESPAN	/FARMPOND LANE		RMPOND LANE DTTE, NC 28212			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
V 105	Continued From page	e 1	V 105			
	needs; and (C) the disposition, in recommendations; (7) quality assurance activities, including: (A) composition and a assurance and quality (B) written quality ass improvement plan; (C) methods for moni- quality and appropria including delineation utilization of services (D) professional or cli a requirement that sta professionals and pro- shall be supervised b that area of service; (E) strategies for imp (F) review of staff qua- determination made to treatment/habilitation (G) review of all fatali- were being served in residential programs (H) adoption of stand and programmatic per applicable standards purpose, "applicable means a level of com- reference to the prev- methods, and the deg	and quality improvement activities of a quality y improvement committee; surance and quality itoring and evaluating the teness of client care, of client outcomes and ; inical supervision, including aff who are not qualified ovide direct client services by a qualified professional in roving client care; alifications and a to grant privileges: ities of active clients who area-operated or contracted at the time of death; ards that assure operational erformance meeting of practice. For this standards of practice" upetence established with				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	TIFICATION NUMBER: A. BUILDING:		(X3) DATE SURVEY COMPLETED 05/31/2024	
		MHL0601336				
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
IFESPAN	FARMPOND LANE	4806 FA	RMPOND LANE			
		CHARLO	DTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 105	Continued From page	2	V 105			
	implement adoption of operational and programeeting applicable st	ews, interviews, and ty failed to develop and if standards that ensured ammatic performance andards of practice for the nstrument including the tory Improvement				
	#1's record revealed: -Date of admission: 1 -Diagnoses: Autism; H Intellectual Developm -Medication Administr 2024 through May 22 administration of bloo following: -Accu-Chek Test Strip (Test blood sugar eve -Easy Touch Lancets) the blood sugar is che -Physician's order dat -Accu-Chek Test Str sugar) (Test blood sugar	Psychotic Disorder; Mild eental Disorder. ration Record for March , 2024 documented daily d sugar checks using the es (used to test blood sugar) eryday). : (Use one lancet each time ecked). ted 5-29-24 for the following: ips (used to test blood ugar everyday). s: (Use one lancet each time				
	no CLIA waiver. Review on 5-23-24 of	the facility records revealed the Department of Health DHSR) files revealed no				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED	
		MHL0601336	B. WING		05/24/2024		
NAME OF PI	ROVIDER OR SUPPLIER		B. WING 05/31/2024 EET ADDRESS, CITY, STATE, ZIP CODE				
LIFESPAN	I/FARMPOND LANE		RMPOND LANE OTTE, NC 28212				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
V 105	Continued From pag	e 3	V 105				
	-	#1's medication bin on ately 4:45pm revealed client nonitor.					
	-"We test (staff used blood sugar every da -"What's that (CLIA v	with staff #1 revealed: a blood sugar monitor) his ay." vaiver)? Never heard of that. anything like that here."					
	revealed: -"He (client #1) can't himself so the staff h he gets it checked ev -"I don't know anythin	with the Home Manager do it (test his blood sugar) by as to check it for him. Yes, veryday." ng about that (CLIA waiver). Qualified Professional/QP]."					
	Interview on 5-23-24 -The facility did not h	with the QP revealed: have a CLIA wavier.					
	Specialist revealed:	4 with the Compliance acility) do not have a current					
V 112	27G .0205 (C-D) Assessment/Treatme	ent/Habilitation Plan	V 112				
	PLAN (c) The plan shall be assessment, and in p	ITATION OR SERVICE e developed based on the partnership with the client or					
		-					

Division of Health Service Regulation STATE FORM

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4W1X11

If continuation sheet 4 of 12

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601336	B. WING		05	5/31/2024
IAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	ZIP CODE		
IFESPAN	/FARMPOND LANE		RMPOND LANE DTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From pag	le 4	V 112			
	 achieved by provision projected date of ach (2) strategies; (3) staff responsible (4) a schedule for reannually in consultate responsible person of (5) basis for evalua outcome achieveme (6) written consenter responsible party, or 	e; eview of the plan at least ion with the client or legally or both; tion or assessment of				
	implement strategies affecting 1 of 1 client are: Review on 5-21-24 a record revealed: -Date of admission: -Diagnoses: Autism; Intellectual Developr -Individual Support F	iew, observation and y failed to develop and s to meet the client needs ts (client #1). The findings and 5-22-24 of client #1's 1-1-17. Psychotic Disorder; Mild mental Disorder. Plan (ISP) dated 11-1-2023: s or interventions to address				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL0601336	B. WING		05	5/31/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
IFESPAN	I/FARMPOND LANE		RMPOND LANE OTTE, NC 28212			
	SUMMARY S			PROVIDER'S PLAN O		(XE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From pag	e 5	V 112			
	Observation of client	#1's bedroom on 5-22-24 at				
	approximately 4:50p					
	-Approximately 8 fee					
	-A strong foul smell.	····				
		de and clothing, papers,				
		nd other debris covered 3/4 of				
	the bed leaving just	enough room for client #1 to				
	lie down in the bed.	5				
	- The bed was pushe	ed against a small nightstand.				
		and was clothing, crumpled				
		bottles and snack bags.				
		papers and pieces of torn				
	paper, video game equipment and other debris					
	was piled on the floo	r and stacked up to the top of				
	the mattress starting	at the nightstand and				
	continued the length	of the room to the dresser				
	on the opposite wall	in front of the bed.				
	-Access to the bottor	n drawers of the dresser				
	appeared to be obstr	ructed by clothing and debris.				
	-The top of the dress	er could not be seen and				
	was covered with eig	ht empty water bottles,				
	various items of cloth	ning (jeans, pants, socks,				
	tee-shirts, shirts) boo	oks, papers, and other				
	personal items.					
	-On the floor under t	he bedroom window,				
		trash were scattered on the				
	floor from the window	v to the bedroom door.				
	Interview on 5-22-24 revealed:	and 5-29-24 with client #1				
	-He likes his room ar items).	nd all of his "stuff" (personal				
		om, it's my stuff. I don't want				
	anybody in my room					
		n room. I don't know (how				
	•	aned), I clean it when I need				
		the last time his room was				
	-Did not know when cleaned.	The last time his foom was				
		staff) to help me clean my				
	alth Service Regulation					

STATE FORM

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL0601336	D1336 B. WING		05/31/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
IFESPAN	/FARMPOND LANE		RMPOND LANE DTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 112	Continued From pag	e 6	V 112			
	room." -"Yes," staff offered to	o help him clean his room.				
	-Duties included "ad cook, and clean the f room because he do there, and that's his in - "The last time we (s (client #1) room, he r things (personal item found them (client #1 trash can." -Client #1 will throw f accuse the staff of st -"That's his way of ke room." -"He (client #1) says from client #1's room -"If we (staff) go in hi have a behavior (yell -"I've been working w 17 years old, he has (refuse to clean his re -"We've (staff) tried e address him cleaning special outings, mon him \$150.00 a month clean his room. He s let us in the room."	staff) went in to clean his reported to his mother that as) were missing and we l's personal items) in his his personal items away and realing his items. reping us (staff) out of his he doesn't smell it (odor h)." s room he (client #1) will l, scream, throw things)." with [Client #1] since he was always been that way oom)." everything (incentives) to g his room. Different rewards, ey. His dad offered to pay h if he would let us help him aid ok but then he wouldn't				
	-"As long as I've bee facility) I was told (by not to go in his (clien	with staff #2 revealed: n there (worked at the r management) we (staff) are t #1) room because we have				
	his room without his	cy. We can't physically go in permission." vith [Client #1] with his				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
		MHL0601336	B. WING		05	5/31/2024
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	ZIP CODE		
LIFESPAN	I/FARMPOND LANE		RMPOND LANE DTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From pag	e 7	V 112			
	#1] can be a little bit	vritten plan or protocol to				
	Interview on 5-28-24 with staff #3 revealed: -"It's terrible (client #1's room)." -"When I got there (started working at the facility) I asked the question (to staff and managers) 'how do we help him.'"					
	-"I was told it was his right (to not clean his room)." -"There's no written plan or protocol to address his room that I'm aware of."					
	-"Sometimes men (m #1) to do stuff (chore can't. Most of the tim	nale staff) can get him (client s, activities) that the females				
	revealed:	with the Home Manager thing as far as him (client #1) clean."				
	staff cleaning his roo	not typically respond well (to m)." e staff went in (client #1's				
	room) and cleaned it behaviors (screaming personal items)."	caused him to have g, yelling breaking his				
		goals to address his room nance but not sure if he				
	clinical that would be Professional)."					
	client #1's room clea	protocol in place (to address ning)." eetings with the LME/MCO				

Division of Health Service Regu STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
		MHL0601336	B. WING		05	5/31/2024
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	ZIP CODE		
LIFESPAN	I/FARMPOND LANE		RMPOND LANE DTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From pag	e 8	V 112			
	room.	sing or addressing client #1's /ith [LME/MCO] has been				
	concerning his (client #1) transition." -The guardian is aware of the issues with client #1's room.					
	-"We've spoken to the guardian, several times since he has been here (unknown dates). She					
	has threatened her a	ve because he (client #1) Ind she does not want to go Ise she is afraid of him."				
	revealed:	and 5-28-24 with the QP				
	-"The previous QP w	facility since March 2024. rote [Client #1's] current goals) were already in place				
	-"I have not changed (that addressed clier	or added any new goals It #1's room cleaning)." has been an ongoing issue."				
		sh him on cleaning his room rs, aggression towards staff without leave)."				
	anything."	and we can't get him to do aning is addressed with his				
	daily ADL's (activities	s of daily living). c written goals or strategies				
	revealed:	with client #1's guardian n't like to clean his room. It				
	(room cleaning) has time."	been a problem for a long				
	several times. They	staff (unknown staff) about it, (staff) told me that it was ney went in his room to clean				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
						5/31/2024
		MHL0601336		B. WING		
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, RMPOND LANE	ZIP CODE		
IFESPAN	/FARMPOND LANE		OTTE, NC 28212			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From pag	e 9	V 112			
	help him keep up wit	e (to the facility) and try to h cleaning and keeping his can't do that anymore. I'm h problems."				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		EMENTS				
		n and interviews the facility n a safe, clean, attractive				
	approximately 4:50pr -Approximately 8 fee -A strong foul smell.	t by 12 feet room.				
	electronic devices ar the bed leaving just e lie down in the bed.	le and clothing, papers, id other debris covered 3/4 of enough room for client #1 to ed against a small nightstand				
	and from the bed to t there was clothing, c bottles and snack ba	he top of the nightstand, rumpled papers, empty water				
	paper, video game e was piled on the floo the mattress starting	quipment and other debris r and stacked up to the top of at the nightstand and				
	on the opposite wall -Access to the bottor	of the room to the dresser in front of the bed. n drawers of the dresser ucted by clothing and debris.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MUL 0004000					
	ROVIDER OR SUPPLIER	MHL0601336	B. WING 05/31/2024 GET ADDRESS, CITY, STATE, ZIP CODE 05/31/2024				
IFESPAN	I/FARMPOND LANE		OTTE, NC 28212				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 736	Continued From page	e 10	V 736				
	was covered with eig various items of cloth tee-shirts, shirts) boo personal items. -On the floor under th clothing, shoes and floor from the window Interview on 5-22-24 revealed: -He likes his room an items). -"I don't need them (s room." -"I can clean my own often his room is clea to." -"Because it's my roo anybody in my room. -"No," he has never t due to the clutter. -"I get around in here Interview on 5-22-24 -"He (client #1) says	trash were scattered on the v to the bedroom door. and 5-29-24 with client #1 ad all of his "stuff" (personal staff) to help me clean my room. I don't know (how aned), I clean it when I need om, it's my stuff. I don't want " ripped or fallen in his room e (room) fine." with staff #1 revealed: he doesn't smell it (odor					
	behavior (yell, screar -"I've been working w	s room he will have a n, throw things)." vith [Client #1] since he was always been that way					
	-"I've been working w	with staff #2 revealed: ⁄ith [Client #1] with his , [Client #1] can be a little bit					
	Interview on 5-28-24 -"It's terrible (client #	with staff #3 revealed: 1's room)."					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
			B. WING		05/04/00004	
	ROVIDER OR SUPPLIER	MHL0601336	DDRESS, CITY, STATE,		05	/31/2024
			RMPOND LANE			
IFESPAN	I/FARMPOND LANE	CHARLO	OTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pag	e 11	V 736			
	-"When I got there (9-11-24) I asked the question (to staff and managers) 'how do we help him."" -"I was told it was his right (to not clean his room)." Interview on 5-28-24 with the Home Manager revealed: -"Its been a ongoing thing as far as him (client #1) not keeping his room clean."					
	-"He (client #1) does not typically respond well (to staff cleaning his room)." -"Several times when staff went in (client #1's room) and cleaned, it caused him to have behaviors (screaming, yelling breaking his					
	personal items)."	are of the issues with client				
	since he has been he has not been recepti has threatened her a	e guardian, several times ere (unknown dates). She ve because he (client #1) ind she does not want to go				
	Interview on 5-22-24	ise she is afraid of him." and 5-28-24 with the QP				
	-"When we (staff) pu that leads to behavio and AWOL's (absent	has been an ongoing issue." sh him on cleaning his room ors, aggression towards staff without leave)." and we can't get him to do				

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