IDENTIFICATION NUMBER:	A BUILDING			コトートロ
				PLETED
MHL078-170	B. WING			R 1 2/2024
R STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ICFS. I I C	-			
TATEMENT OF DEFICIENCIES	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
NTS	V 000			
y 12, 2024. The complaint was ake #NC00217776). e cited.				
survey sample consisted for				
ential Tx. Child/Adol -	V 298			
shall serve no more than a total d adolescents. pers or other legally responsible involved in development of plan e a smooth transition to a less				
with the local education agency e child's educational needs are in the child's education plan and n. Most of the children will be nool; for others, the facility will es across settings such as				
onsultation shall be available as child or adolescent. ent has his 18th birthday while ent in the facility, he may remain				
	R STREET A 5973 MG MAXTO STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) NTS laint and follow up survey was by 12, 2024. The complaint was take #NC00217776). e cited. ensed for the following service CAC 27G .1700 Residential Secure for Children or ensed for 4 and currently has a survey sample consisted for at clients. ential Tx. Child/Adol - 1706 OPERATIONS shall serve no more than a total d adolescents. Ders or other legally responsible involved in development of plan e a smooth transition to a less al treatment staff secure facility with the local education agency e child's educational needs are in the child's education plan and n. Most of the children will be hool; for others, the facility will tes across settings such as ng programs, day treatment, or a consultation shall be available as child or adolescent. ent has his 18th birthday while ent in the facility, he may remain until the end of the state fiscal s longer. on	R STREET ADDRESS, CITY, S' ICES, LLC 5973 MCLEOD DRIVE MAXTON, NC 28364 STATEMENT OF DEFICIENCIES (CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) ID PREFIX TAG NTS V 000 laint and follow up survey was by 12, 2024. The complaint was take #NC00217776). e cited. V 000 ensed for the following service CAC 27G .1700 Residential Secure for Children or V 298 1706 OPERATIONS shall serve no more than a total d adolescents. V 298 1706 OPERATIONS shall serve no more than a total d adolescents. V 298 a treatment staff secure facility with the local education agency e child's educational needs are in the child's education plan and n. Most of the children will be hool; for others, the facility will uses across settings such as ng programs, day treatment, or a onsultation shall be available as child or adolescent. ent has his 18th birthday while ent in the facility, he may remain until the end of the state fiscal s longer.	Incest LLC STREET ADDRESS, CITY, STATE, ZIP CODE Incest LLC S973 MCLEOD DRIVE MAXTON, NC 28364 STATEMENT OF DEFICIENCIES (CACH CORRECTURE ACTI RUSCIDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF (CROSS-REFERENCED TO T DEFICIENCE NTS V 000 V 000 Iaint and follow up survey was by 12, 2024. The complaint was take #NC00217776). a cited. V 000 Iaint and following service CAC 27G .1700 Residential Secure for Children or PRESENTIONS ensed for 4 and currently has a survey sample consisted for th clients. V 298 1706 OPERATIONS shall serve no more than a total d adolescents. V 298 1706 OPERATIONS shall serve no more than a total d adolescents. V 298 .a smooth transition to a less a treatment staff secure facility with the local education agency a child's education plan and n. Most of the children will be hool; for others, the facility will es across settings such as ng programs, day treatment, or a onsultation shall be available as child or adolescent. ent has his 18th birthday while ent in the facility, he may remain until the end of the state fiscal s longer. Intervention of the state fiscal s longer.	Image: street ADDRESS, CITY, STATE, ZIP CODE ICES, LLC 5973 MCLEOD DRIVE MAXTON, NC 23364 STATEMENT OF DEFICIENCES INCY MUST BE PRECEDED BY FULL RLSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) NTS V 000 NTS V 000 Iaint and follow up survey was by 12, 2024. The complaint was take #NC00217776). a cited. V 000 ASC 27G. 1700 Residential Secure for Children or V 298 Preserve apple consisted for th clients. V 298 1706 OPERATIONS shall serve no more than a total d adolescents. V 298 1706 OPERATIONS shall serve no more than a total d adolescents. V 298 a treatment staff secure facility with the local education agency a child's education plan and n. Most of the children will be nool; for others, the facility will ees across settings such as the as his 18th birthday while mit in the facility will ees across settings such as child or adolescent. State fiscal schild's education shall be available as child or adolescent.

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	of Health Service Re		T		Γ.		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
		MHL078-170	B. WING			R 12/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE	07/12/2024		
		5973 MC	LEOD DRIVE				
CHAPAR	RAL YOUTH SERVIC	MAXTON	I, NC 28364				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE	(X5) COMPLET DATE	
				DEFICIENC	Y)		
V 298	Continued From pa	age 1	V 298				
		dolescent shall be entitled to					
		rsonal belongings unless such					
	plan.	ter-indicated in the treatment					
	•	all operate 24 hours per day,					
		ek, and each day of the year.					
		et as evidenced by:					
		eviews and interviews the rdinate with the local					
		o ensure the clients'					
		were met affecting 3 of 3					
	audited current clie	nts (#1, #2, #3). The findings					
	are:						
	Review on 7/11/24	of client #1's record revealed:					
	-13 year old male.						
	-Admitted on 4/8/24						
		ntion Deficiet Hyperactivity					
	Disorder (ADHD) c Disorder and Exhib	ombined type, Conduct					
		of coordination with the local					
	education agency (
	latamian an 7/44/0	1 - 1 - 1 + 4 - t - t - t - t - t - t - t - t - t -					
	Interview on 7/11/2 -He wanted to atter						
	-They were on sum						
		e Licensee/Associate					
) to do school work.					
	Review on 7/11/24	of client #2's record revealed:					
	-17 year old male.	or orient πz s record revealed.					
	-Admitted on 5/17/2	24.					
		ID and Disruptive Mood					
	Dysregulation Diso	rder.					

Division of Health Service Regulation STATE FORM

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395V11

If continuation sheet 2 of 10

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL078-170	B. WING		R 07/12/20	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
CHAPAR	RAL YOUTH SERVIC	FSILC	LEOD DRIVE			
		MAXION	I, NC 28364			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 298	Continued From pa	ge 2	V 298			
	-No documentation	of coordination with the LEA.				
	Interview on 7/11/24 -They were on sum -The L/AP was the on one.					
	-14 year old male. -Admitted on 1/28/2 -Diagnoses of Cond Use.	of client #3's record revealed: 24. duct Disorder and Cannabis of coordination with the LEA.				
	-The L/AP was the -The L/AP taught cl	4 client #3 revealed: teacher at the facility. ients one to one. y on summer break.				
	Interview on 7/12/24 stated: -He had not coordir	4 the Qualified Professional nated with the LEA.				
	-She had not coord -The facility had a p teacher.	4 and 7/12/24 the L/AP stated: inated with the LEA. private school and she was the client's school records prior to				
V 364	G.S. 122C- 62 Add Facilities	litional Rights in 24 Hour	V 364			
	Facilities. (a) In addition to th 122C-51 through G	nal Rights in 24-Hour e rights enumerated in G.S. .S. 122C-61, each adult client atment or habilitation in a os the right to:				

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL078-170	B. WING		R 07/12/2	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	RAL YOUTH SERVIC	5973 MCI	LEOD DRIVE			
CHAPAR	RAL TOUTH SERVICE	ES, LLC MAXTON	, NC 28364			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 3	V 364			
	 (1) Send and receil access to writing massistance when need (2) Contact and co and at no cost to the physicians, and prived evelopmental disates professionals of his (3) Contact and co there is a client adv. The rights specified restricted by the face exercise these right (b) Except as provide the section, each treatment or habilitate times keeps the right (1) Make and receil calls. All long distant the client at the time collect to the receive (2) Receive visitors a.m. and 9:00 p.m. hours daily, two hours daily the result of the client at the time collect to the receive (2) Receive visitors a.m. and 9:00 p.m. hours daily, two hours daily, two hours daily, two hours daily, two hours daily the result of the client at the time collect to the receive (2) Receive visitors a.m. and 9:00 p.m. hours daily the hours daily two hours daily the h	ve sealed mail and have aterial, postage, and staff acessary; nsult with, at his own expense e facility, legal counsel, private vate mental health, bilities, or substance abuse choice; and nsult with a client advocate if ocate. I in this subsection may not be cility and each adult client may its at all reasonable times. I ded in subsections (e) and (h) n adult client who is receiving ation in a 24-hour facility at all nt to: ive confidential telephone for a calls shall be paid for by e of making the call or made ing party; s between the hours of 8:00 for a period of at least six urs of which shall be after 6:00 ng shall not take precedence and meet under appropriate lividuals of his own choice f the individuals; side the custody of the facility proceedings were initiated as ent's being charged with a ling a crime involving an ly weapon, and the und not guilty by reason of				

Division	of Health Service Re	egulation	-			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL078-170	B. WING			R 1 2/2024
IAME OF F	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, ST	TATE, ZIP CODE		
		5973 MC	LEOD DRIVE			
- NAPAR	RAL YOUTH SERVIC	ES, LLC MAXTON	I, NC 28364			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLETE DATE
V 364	Continued From pa	ge 4	V 364			
	commitment to a co	prrectional facility of the				
		prection of the Department of				
	Public Safety; or					
		ing held to determine capacity				
	to proceed pursuan	t to G.S. 15A-1002;				
	A court order may expressly authorize visits					
	otherwise prohibited by the existence of the					
		ed by this subdivision;				
		daily and have access to				
	several times a wee	nent for physical exercise				
	(6) Except as prohibited by law, keep and use					
	personal clothing and possessions, unless the					
		to determine capacity to				
	proceed pursuant to					
	(7) Participate in re	eligious worship;				
	(8) Keep and spen	d a reasonable sum of his				
	own money;					
		s license, unless otherwise				
		ter 20 of the General Statutes;				
	and	individual storage space for				
	his private use.	individual storage space for				
		e rights enumerated in G.S.				
		.S. 122C-57 and G.S.				
		.S. 122C-61, each minor client	t			
		atment or habilitation in a				
	,	the right to have access to				
		rision and guidance. In				
		ninor's status as a developing				
	individual, the mino					
	emotionally, intellect	able him to mature physically,				
		v of the physical, emotional,				
		naturity of the minor, the				
		I provide appropriate				
		on and control consistent with				
	the rights given to t	he minor pursuant to this Part.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/ AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED		
		MHL078-170	B. WING			R 1 2/2024		
AME OF F	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE				
		5973 MC	LEOD DRIVE					
HAPAR	RAL YOUTH SERVIC	ES, LLC MAXTON	I, NC 28364					
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE		
V 364	Continued From pa	ige 5	V 364					
	reasonable efforts t	to ensure that each minor						
		tment apart and separate from						
		the treatment needs of the						
	minor client dictate							
	Each minor client w	/ho is receiving treatment or						
		24-hour facility has the right to:						
		and consult with his parents or						
		ency or individual having legal						
	custody of him;							
		nsult with, at his own expense						
		responsible person and at no egal counsel, private						
		mental health, developmental						
		tance abuse professionals, of						
		sponsible person's choice; and						
		nsult with a client advocate, if						
	there is a client adv	vocate.						
		l in this subsection may not be						
		cility and each minor client						
		rights at all reasonable times.						
		ided in subsections (e) and (h)						
		h minor client who is receiving						
	the right to:	ation in a 24-hour facility has						
		ive telephone calls. All long						
		be paid for by the client at the						
		call or made collect to the						
	receiving party;							
		ive mail and have access to						
		ostage, and staff assistance						
	when necessary;							
		ate supervision, receive						
		e hours of 8:00 a.m. and 9:00						
		at least six hours daily, two						
		Il be after 6:00 p.m.; however ke precedence over school or						
	therapies;							
		I education and vocational						

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI. AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED
		MHL078-170	B. WING			R 1 2/2024
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
	RAL YOUTH SERVIC	5973 MC	LEOD DRIVE			
, NAFAK	RAL TOUTH SERVIC	ES; LLC MAXTON	I, NC 28364			
(X4) ID		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLET
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO T	HE APPROPRIATE	DATE
				DEFICIENC	Y)	
V 364	Continued From pa	ge 6	V 364			
	(5) Be out of doors	aily and participate in play,				
		sical exercise on a regular				
	basis in accordance					
		ibited by law, keep and use				
		nd possessions under				
	appropriate supervision, unless the client is being					
	held to determine capacity to proceed pursuant to					
	G.S. 15A-1002;					
	(7) Participate in re					
	()	individual storage space for				
	the safekeeping of personal belongings;(9) Have access to and spend a reasonable sum					
	of his own money; and					
	(10)Retain a driver's license, unless otherwise					
		ter 20 of the General Statutes.				
	(e) No right enume	erated in subsections (b) or (d)				
		be limited or restricted except				
		fessional responsible for the				
		lient's treatment or habilitation				
	-	ement shall be placed in the				
		indicates the detailed reason The restriction shall be				
		ated to the client's treatment of	-			
		A restriction is effective for a				
		d 30 days. An evaluation of				
		all be conducted by the				
	qualified profession	al at least every seven days,				
		estriction may be removed.				
		a restriction shall be				
		client's record. Restrictions on				
		wed only by a written				
		by the qualified professional in hat states the reason for the				
		iction. In the case of an adult				
		been adjudicated incompetent,				
		an initial restriction or renewal				
		ghts, an individual designated				
		upon the consent of the client,				
	,	poir the concorre of the chorne,				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL078-170	B. WING			R
					0//	12/2024
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST LEOD DRIVE	TATE, ZIP CODE		
HAPAR	RAL YOUTH SERVIC	FSILC	I, NC 28364			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
				DEFICIENC	CY)	
V 364	adult client, the lega be notified of each or renewal of a rest reason for it. Notific individual or legally	ige 7 ninor client or an incompetent ally responsible person shall instance of an initial restriction triction of rights and of the cation of the designated responsible person shall be ing in the client's record.				
	facility restricted the clients from the cor	et as evidenced by: views and interviews, the e rights of 3 of 3 audited nmon areas and failed to ictions as required. The				
	-13 year old male. -Admitted on 4/8/24 -Diagnoses of Atter Disorder (ADHD) of Disorder and Exhib -No documentation (QP) of the detailed	ntion Deficiet Hyperactivity ombined type, Conduct itionism. by the Qualified Professional reason for the restriction of the clients ability to socially				
	outside together or -He would sit in the -If he was in the livi	lowed to talk to each other, go				
	Finding #2					

	NT OF DEFICIENCIES OF CORRECTION	Egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED
		MHL078-170	B. WING			R 12/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
CHAPAR	RAL YOUTH SERVIC	FSILC	LEOD DRIVE , NC 28364			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLET DATE
V 364	Continued From pa	ige 8	V 364			
	 -17 year old male. -Admitted on 5/17/2 -Diagnoses of ADH Dysregulation Diso -No documentation reason for the restrclients ability to soot Interview on 7/11/2 -Staff had to supertogether. Finding #3 Review on 7/11/24 -14 year old male. -Admitted on 1/28/2 -Diagnoses of Contuse. -No documentation reason for the restrclients ability to soot Interview on 7/11/24 -He stayed to hims -He did not talk to a clients. -They were not allo common/living area -He heard staff stop fight or something to being admitted. Interview on 7/12/2 -All the clients were at one time. -Clients were allow 	D and Disruptive Mood rder. by the QP of the detailed iction of common areas and cially engage with other clients. 4 client #2 stated: vise clients when they were of client #3's record revealed: 24. duct Disorder and Cannabis by the QP of the detailed iction of common areas and cially engage with other clients. 4 client #3 revealed: elf and played the video game. any of the clients. Ilowed to "hang out" with other wed to be in the a together. oped allowing it because of a that happened prior to him				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL078-170	B. WING			R 12/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
CHAPAR	RAL YOUTH SERVIC	ES LLC	EOD DRIVE			
		MAXION,	, NC 28364		0000000000	
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 364	Continued From pa	age 9	V 364			
	have to return to hi the living room.	s room until the other client left				
	stated: -The facility limited other clients. -The facility tried to much as possible. -The facility had a l clients. -The clients were n with other clients. -There were no inc -If one client was in client was not allow -The second client room until the first of Interview on 7/11/2 Licensee/Associate -Staff discouraged together."	24 the Qualified Professional the client's interactions with a keep the client's separated as lot of fighting with former not allowed in the living room idents with the current clients. In the living room and a second wed to go into the living room. Would have to return to his client left the living room. 4 and 7/12/24 the e Professional stated: clients from "just hanging out of documented any restriction				