		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		BERTH TO/THOM NOMBER.	A. BUILDING:			
	MHL0411229		B. WING			C 26/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
DAVIS FA	AMILY LIVING		ALLOWFORD BORO, NC 27			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 000	INITIAL COMMENT	ſS	V 000			
	A complaint survey was completed on 7/26/24. Three complaints were substantiated (intakes #NC00218769; #NC00218796; and #NC00219106) and one complaint (intake #NC00218662) was unsubstantiated. A deficiency was cited.		/			
		sed for the following service C .5600F Supervised amily Living.				
	This facility is licens census of 1.	sed for 2 and has a current				
	The survey sample current client and 1	consisted of an audit of 1 former client.				
V 512	27D .0304 Client R	ights - Harm, Abuse, Neglect	V 512			
	(a) Employees sha	04 PROTECTION FROM EGLECT OR EXPLOITATION Ill protect clients from harm, exploitation in accordance				
	sort of abuse or neg 27C .0102 of this C	III not subject a client to any glect, as defined in 10A NCAC hapter. ces shall not be sold to or				
	purchased from a c established governi (d) Employees sha	lient except through	•			
	governing body poli is necessary depen characteristics of th	nd which is permitted by icy. The degree of force that ids upon the individual ie client (such as age, size				
	of aggressiveness of	ental health) and the degree displayed by the client. Use of ures shall be compliance with				

	of Health Service Re					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
	MHL0411229		B. WING			C 26/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
		3219 SH	ALLOWFORD	DRIVE		
DAVIS F	AMILY LIVING	GREENS	BORO, NC 27	7406		
(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 T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 512	Continued From pa	ge 1	V 512			
	(e) Any violation by	CAC 27E of this Chapter. an employee of Paragraphs is Rule shall be grounds for ployee.				
	This Rule is not met as evidenced by: Based on record review and interview, 1 of 1 Alternative Family Living Staff/Licensee (AFLS/L) neglected 1 of 1 former client (Former Client #1 (FC#1)). The findings are:					
	 An admission of Diagnoses of M Disruptive Mood Dy 	/lild Intellectual Disabilities; /sregulation Disorder (D/O); peractivity D/O, Combined				
	 An admission a which listed "no foo A treatment pla list any goals relate need to lose weight A discharge data 	assessment dated 6/1/22 ad allergies or special diet." In dated 6/1/24 which did not d to dietary restrictions or the te of 6/17/24				
	 office visit" summa Nurse Practitioner ("Patient report abused by his form caregiver would offus seen today having I weight, almost unrest - FC #1's weight 	nd on 7/24/24 of the "visit note ary completed by FC #1's (NP) on 6/24/24 revealed: orted he has been physically er caregiver (AFLS/L) and his en not feed him. Patient is lost a significant amount of ecognizable in appearance" on 6/24/24 was listed as 156				
delen ef ll	5 feet 6.93 inches t	es and his height was listed as all tion of what Former Client #1's				

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
	MHL041122		411229 B. WING			C 26/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		3219 SHA	LLOWFORD	DRIVE		
DAVIS FA	AMILY LIVING		BORO, NC 2			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR		(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)		COMPLETE DATE
V 512	Continued From page	ge 2	V 512			
	weight had been pri 6/24/24	or to his visit to the NP on				
	Interview on 7/1/24 revealed:	and on 7/23/24 with FC #1				
	lose weight	the AFLS/L to help him to				
	- Did not feel he glived with the AFLS/	got enough to eat when he L				
	Review on 7/1/24 of revealed:	f the AFLS/L's record				
		1/22 as an Alternative Family				
		pendent Contractor with the to provide clinical support and				
	supervision on his b	pehalf				
		ontract required he "provide ngement whereby the Provider				
	ensures optimum q	uality of life for the Individual				
		appropriate care as outlined				
	healthy environmen meals, prepared ac	support plan; a safe and t of care, including regular cording to individual				
	guidelines" - The AFLS/L's c	ontract with the agency was				
	terminated on 6/24/	U				
	Interviews on 6/28/2 AFLS/L revealed:	24 and on 7/25/24 with the				
		as admitted to his facility "last				
		date provided), he observed ht" and unable to engage in				
	physical activity with					
		le no documentation of what en he was admitted to his				
	facility	an ne was authilleu lu 1115				
		as hanging over his privates."				
	- Asked FC #1 if	he wanted to get into "better				
		eported to him that he did				
Division of He	- Had FC #1 decl	rease the amount of sugar in				

Division of Health Service Regulation STATE FORM

If continuation sheet 3 of 10

STATEME	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		MHL0411229	B. WING			C 26/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
DAVIS F	AMILY LIVING	3219 SH	ALLOWFORD	DRIVE		
DAVIST		GREENS	BORO, NC 27	406		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT 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 512	Continued From pa	ige 3	V 512			
	 vegetables he ate a his daily routine FC#1 also bega of fruits and vegeta extracted via a made He "juiced" dail him doing this, he a FC #1 agreed t the "weight fell off." FC #1 was hap had no complaints Didn't realize he medical professionaregimen on behalf of Prior to FC #1's "Everywhere he we how he ate." Interviews on 7/1/2 current AFL Staff reference Prior to becoming provider, he provider he provider, he provider he data professionares On 6/17/24, FC AFLS/L had physicares 	y and when FC #1 observed also wanted to begin "juicing." to the changes in his diet and opy about his weight loss and regarding his new diet e should have consulted a al prior to his developing a diet of FC #1 to follow s admission to his facility, ant, no one ever addressed 4 and on 7/24/24 with FC #1's evealed: ing FC #1's current AFL ed FC #1 with community				
	- He reported FC Qualified Professio FC #1 being remov AFLS/L's facility an - He took FC #1 wellness center on examination	C #1's allegation to the nal #2 (QP #2) on 6/17/24 with red the same day from the d into his facility to see FC #1's NP at a 6/24/24 for a physical				
	to him that she had June 2023 (no exac weighed 240 pound	ed FC #1 was "almost				

Division of Health Service Regulation STATE FORM

Division of Health Servic	e Regulation			FURM	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	COM	E SURVEY PLETED
	MHL0411229	B. WING			C 26/2024
NAME OF PROVIDER OR SUPP	LIER STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
DAVIS FAMILY LIVING	3219 SH	ALLOWFORD	DRIVE		
	GREENS	BORO, NC 2	7406		
PREFIX (EACH DEFIC	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 512 Continued Fror	n page 4	V 512			
 His weight reflected a weight based on what Transporter wellness center to him she had 2023 with his wand then 220 pp provided) All FC #1's 2023 were held documented du She had not dietary restriction to have FC #1" She was "se #1 had lost sind Spoke with written documented NP had shared provided "visit in the FC #1's vis 6/24/24 and 7/2 what FC #1's wis 6/24/24 and 7/2 what FC #1's wis had told him Interview on 6/2 revealed: Worked with admission to the date provided) FC #1 had about how he wand much food he wand food he wand Interviews on 7 #2 for FC #1 refined Began wor On 6/17/24 	was 157 pounds on 6/24/24 which ght loss of 83 pounds in a year the NP reported to him d FC #1 to see the NP at the r on 7/23/24 and the NP reported only seen FC #1 in person twice in reighing 240 pounds in June 2023 ounds at a follow up visit (no date other visits with the NP during d virtually and his weight was not uring those encounters of advised the AFLS/L about any ons or a specific meal plan for him to follow urprised" at how much weight FC ce 2023 the NP on 7/23/24 and requested ints which would reflect what the with him; however, he was only notes - office notes" summaries for ts to the wellness center on 23/24 and neither of them reflected reight was in 2023 or what the NP 28/24 with FC #1's Former QP #1 th the AFLS/L since FC #1's e AFL facility in 2023 (no exact not raised any concerns with him vas being treated, to include how vas being provided by the AFLS/L /1/24 and on 7/24/24 with the QP	n r			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION	Сом	E SURVEY PLETED
	MHL0411229	B. WING		07/	26/2024
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
DAVIS FAMILY LIVING		ALLOWFORD BORO, NC 27			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES EY 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 THE APPROPRIATE	(X5) COMPLET DATE
V 512 Continued From p	age 5	V 512			
removed from the An appointme NP on 6/24/24 at the wellness care serve At his visit on a pounds for a weight documented in here was "almost unrect From June of #1's visits with the weight during each Prior to FC #1 last seen FC #1 in not provide the ext pounds per a verbe provider The NP also rect AFLS/L "would ct The NP also rect that FC #1 was "dt before she could per Interview on 6/28/2 Specialist (QAS) we clinical supervision revealed: She had initiat behalf of FC #1 bas AFLS/L had struck While interview to raise his shirt to bruising on his che Didn't see any was "startled about observed on his per "His demeanon concerning"	6/24/24, FC #1 weighed 157 Int loss of 83 pounds and r "visit note - office note" he lognizable" to her 2023 until June of 2024, FC NP were virtual; therefore, his in visit was not documented 's visit on 6/24/24, the NP had person in June of 2023 (could act date) and he weighed 240 al report to FC #1's new AFL oted in the written visit #1 reported to her that the fiten not feed him" eported to the new AFL provide ehydrated" and needed fluids berform a blood draw 24 with the Quality Assurance vith the agency that provided in services to the AFLS/L ed an internal investigation on used on his allegations the a him on 6/17/24 wing FC #1, she had asked him determine if he had any est bruising on FC #1's chest but at the amount of loose skin" she	r			

STATE FORM

	of Health Service Re	gulation			•	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
				A. BUILDING:		
		MHL0411229	B. WING			C 26/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
		3219 SH	ALLOWFORD	DRIVE		
DAVIS FA	MILY LIVING	GREENS	BORO, NC 27	7406		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	THE APPROPRIATE	COMPLET DATE
				DEFICIENC	CY)	
V 512	Continued From pa	ge 6	V 512			
	looking like a ninety	vear old"				
		bout FC #1's weight loss, the				
	AFLS/L reported he	had designed a meal plan for				
	FC #1 to assist him	with losing weight				
		d FC #1 "do juicing" and had				
	placed him on a "low sugar" diet					
	- The AFLS/L made these dietary changes on					
	behalf of FC #1 without any discussion with any					
	of FC #1's medical care providers - There was nothing listed in FC #1's treatment					
	plan to address diet restrictions or the need for					
	weight loss					
	- During the course of her investigation, she					
	learned that FC #1 had "lost over eighty pounds"					
	over the course of a year while living with the					
	AFLS/L					
		n was based on a verbal				
		P to the new AFL staff who				
		she saw him in June of 2023,				
	6/24/24, he weighed	unds and at his visit on				
		ported this was a "significant				
		at FC #1 was "almost				
	unrecognizable in a					
		ncelled their contract to				
	provide clinical sup	ervision services to the				
		based on their internal				
		eir conclusion the AFLS/L				
		when he placed him on a diet				
	regimen without col	nsulting a medical professiona	I I			
	Review on 6/28/24	of the written internal				
		eted by the QAS on 6/24/24				
	revealed:	-				
		seen by the nurse practitioner	,			
		ctitioner] on June 24, 2024 at				
		se practitioner reported that				
		ficant weight loss, almost				
		ppearance. Blood work				
	conducted to check ealth Service Regulation	CBC (Complete Blood Count				

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>,</i>	E CONSTRUCTION	COM	E SURVEY PLETED	
	MHL0411229		B. WING			07/26/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
DAVIS F	AMILY LIVING		LLOWFORD BORO, NC 27				
(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	TION SHOULD BE	(X5) COMPLET DATE	
V 512	physical of June of weighed 240 lb. (po #1] weighed 157 w in one year" - "[AFLS/L] rep diet regiment. The recommendations in need indicating a c - The QAS intervi- who reported that F facility for a year ar when [FC #1] first r overweight. [AFLS #1] on a diet regime and juicing" Review on 6/28/24 statement provided signatures) reveale - "[FC #1] moved of last year. Things #1's] arrival I notice struggled to do a lo [FC #1] if he wante said yes. I created sugar intake and in intake. He lost a lo about it" A request to obtain his primary care ph	oractitioner reported the last 2023. At the time [FC #1] bund). On June 24, 2024 [FC ith the loss of 83 lbs (pounds) oorted that had [FC #1] on a plan of care has no for any specific diet or medical hange to [FC #1's] diet" <i>v</i> iewed the AFLS/L on 6/19/24 FC #1 had been a client in his nd "[AFLS/L] reported that noved in he was extremely /L] stated that he began [FC en of low sugar high protein of the AFLS/L's written I to the QAS (no date listed or	V 512	DEFICIENC	ντ)		
	the wellness center and during an in pe	FC #1's medical records from r was made via fax on 7/12/24 erson visit to the wellness Neither request was met prior survey on 7/26/24.					

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		Egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED
		MHL0411229	B. WING			26/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
DAVIS F	AMILY LIVING		ALLOWFORD BORO, NC 27			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 512	Continued From pa	ige 8	V 512			
	fax sent to the well during an in person 7/19/24. Neither re- close of the survey Review on 7/26/24 signed and dated b revealed: - "What immedia ensure the safety o The facility will pror the consumers hea to the proper medic Professionals), and consumer receives Describe your plans happens. The facili consumer daily to e and well being are nutritional intake, m	ew the NP was made via the ness center on 7/12/24 and a visit to the wellness center on equest was met prior to the on 7/26/24. of the Plan of Protection y the AFLS/L on 7/25/24 ate action will the facility take to f the consumers in your care? mptly report any changes with alth and/or behavioral issues cal physicians, QP (Qualified I team members so that the the proper care needed. Is to make sure the above ty/staff will monitor the ensure the consumers health met with the recommended nedication administering, rocating for the consumer				
	of Mild Intellectual I Dysregulation Disor Hyperactivity Disord Autistic Disorder. C AFLS/L had physica his NP examined F allegation he made FC #1's weight was weight and his appo #1 had lost over 80	ved FC #1 who had diagnoses Disabilities; Disruptive Mood rder; Attention Deficit der, Combined Type; and 0n 6/17/24, FC #1 alleged the ally abused him. On 6/24/24, C #1 as a result of the on 6/17/24. During his visit, s taken and based on his earance, it was determined FC pounds over the previous /L, FC #1's weight loss could				

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		-	
	MHL0411229		B. WING		C 07/26/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
DAVIS F	AMILY LIVING					
			BORO, NC 27			
(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 DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From pa	age 9	V 512			
	or get the consent of before having FC # in his losing a signi June 2023 to June This deficiency con	stitutes a Type A1 rule neglect and must be				
	ealth Service Regulation					