PRINTED: 08/08/2024 FORM APPROVED

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: C B. WING 07/26/2024 MHL0411229 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3219 SHALLOWFORD DRIVE AUG 28 2024 DAVIS FAMILY LIVING GREENSBORO, NC 27406 PROVIDER'S PLANCIAL PROVIDER SECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) How I will correct this deficiency: V 000 INITIAL COMMENTS V 000 I am now aware that in order to protect the clients in my care from harm, abuse, and neglect, I cannot make any A complaint survey was completed on 7/26/24. adjustments to their diet or eating plan unless there is a Three complaints were substantiated (intakes prescribed diet recommended by a medical professional. #NC00218769: #NC00218796: and How I will prevent the problem from occurring again: #NC00219106) and one complaint (intake To prevent the problem from occurring again, I will ensure #NC00218662) was unsubstantiated. A deficiency that any dietary needs the client has are further documented was cited. by an admission assessment, treatment or care plan, or other supporting documentation. I will ensure that before This facility is licensed for the following service beginning a dietary plan for a client in my care, it will category: 10A NCAC .5600F Supervised be discussed with the client's guardian and my supervising Living/Alternative Family Living. QP. Additionally, I will ensure that a client's progress with a This facility is licensed for 2 and has a current dietary plan is discussed on a quarterly basis with at least census of 1. one member of the client's team, or ideally the entire Care Team. This frequency of progress updates should be decided The survey sample consisted of an audit of 1 by the Care Team or the guardian. current client and 1 former client. Who will monitor the situation to ensure it will not occur For my current client, my future employing provider agency V 512 V 512 27D .0304 Client Rights - Harm, Abuse, Neglect (McCrary Homes LLC), my client's PIHP (Trillium Health Resources), and my client's full Care Team (Guardian, Care 10A NCAC 27D .0304 PROTECTION FROM Manager, Natural Supports Education provider, Day HARM, ABUSE, NEGLECT OR EXPLOITATION Supports provider, and Specialized Consultative Services (a) Employees shall protect clients from harm, provider). abuse, neglect and exploitation in accordance How often the monitoring will take place: 6 months of with G.S. 122C-66. (b) Employees shall not subject a client to any •Once monthly in person at the home and once by phone in sort of abuse or neglect, as defined in 10A NCAC person by QP or Manager of McCrary Homes LLC 27C .0102 of this Chapter. •Once monthly in person at the home by the PHIP (Trillium (c) Goods or services shall not be sold to or Health Resources) Care Manager purchased from a client except through •Once monthly full Care Team meeting by teleconference or established governing body policy. video conference (d) Employees shall use only that degree of force After 6 months: necessary to repel or secure a violent and •Once monthly in person in person by QP or Manager of aggressive client and which is permitted by McCrary Homes LLC governing body policy. The degree of force that Once every other month in person at the home by the PHIP is necessary depends upon the individual (Trillium Health Resources) Care Manager characteristics of the client (such as age, size •Once monthly full Care Team meeting by teleconference or and physical and mental health) and the degree video conference of aggressiveness displayed by the client. Use of Please be aware that this document was received 8/20/24 due intervention procedures shall be compliance with to being sent to incorrect mailing address. Division of Health Service Regulation

STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

If continuation sheet 1 of 10

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: C B. WING MHL0411229 07/26/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3219 SHALLOWFORD DRIVE DAVIS FAMILY LIVING GREENSBORO, NC 27406 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES. (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 Continued From page 1 V 512 Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. 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: Review on 7/1/24 of FC #1's record revealed: An admission date of 9/15/22 Diagnoses of Mild Intellectual Disabilities: Disruptive Mood Dysregulation Disorder (D/O); Attention Deficit Hyperactivity D/O, Combined Type; and Autistic D/O An admission assessment dated 6/1/22 which listed "no food allergies or special diet." A treatment plan dated 6/1/24 which did not list any goals related to dietary restrictions or the need to lose weight A discharge date of 6/17/24 FC #1 was a 20 year old male Review on 7/1/24 and on 7/24/24 of the "visit note - office visit" summary completed by FC #1's Nurse Practitioner (NP) on 6/24/24 revealed: "...Patient reported he has been physically abused by his former caregiver (AFLS/L) and his caregiver would often not feed him. Patient is seen today having lost a significant amount of weight, almost unrecognizable in appearance ..." FC #1's weight on 6/24/24 was listed as 156 pounds and 2 ounces and his height was listed as 5 feet 6.93 inches tall No documentation of what Former Client #1's

PRINTED: 08/08/2024 FORM APPROVED 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 MHL0411229 07/26/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3219 SHALLOWFORD DRIVE DAVIS FAMILY LIVING GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 512 Continued From page 2 V 512 weight had been prior to his visit to the NP on 6/24/24 Interview on 7/1/24 and on 7/23/24 with FC #1 revealed: Had not asked the AFLS/L to help him to lose weight Did not feel he got enough to eat when he lived with the AFLS/L Review on 7/1/24 of the AFLS/L's record revealed: A hire date of 4/1/22 as an Alternative Family Living Provider Independent Contractor with the agency that agreed to provide clinical support and supervision on his behalf The AFLS/L's contract required he "...provide a shared living arrangement whereby the Provider ensures optimum quality of life for the Individual served by providing appropriate care as outlined in the individualized support plan; a safe and healthy environment of care, including regular meals, prepared according to individual guidelines ..." The AFLS/L's contract with the agency was terminated on 6/24/24 Interviews on 6/28/24 and on 7/25/24 with the AFLS/L revealed: When FC #1 was admitted to his facility "last summer" (no exact date provided), he observed him to be "overweight" and unable to engage in physical activity without difficulty He could provide no documentation of what

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facility

FC #1 weighed when he was admitted to his

"His stomach was hanging over his privates." Asked FC #1 if he wanted to get into "better shape" and FC #1 reported to him that he did Had FC #1 decrease the amount of sugar in

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ B. WING 07/26/2024 MHL0411229 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3219 SHALLOWFORD DRIVE DAVIS FAMILY LIVING GREENSBORO, NC 27406 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 V 512 Continued From page 3 his diet, increase the number of fruits and vegetables he ate and incorporate exercise into his daily routine FC#1 also began "juicing" (drinking the juice of fruits and vegetables which have been extracted via a machine) He "juiced" daily and when FC #1 observed him doing this, he also wanted to begin "juicing." FC #1 agreed to the changes in his diet and the "weight fell off." FC #1 was happy about his weight loss and had no complaints regarding his new diet Didn't realize he should have consulted a medical professional prior to his developing a diet regimen on behalf of FC #1 to follow Prior to FC #1's admission to his facility, "Everywhere he went, no one ever addressed how he ate." Interviews on 7/1/24 and on 7/24/24 with FC #1's current AFL Staff revealed: Prior to becoming FC #1's current AFL provider, he provided FC #1 with community networking services On 6/17/24, FC #1 disclosed to him that the AFLS/L had physically harmed him and that he no longer wanted to live in the AFLS/L's facility He reported FC #1's allegation to the Qualified Professional #2 (QP #2) on 6/17/24 with FC #1 being removed the same day from the AFLS/L's facility and into his facility He took FC #1 to see FC #1's NP at a wellness center on 6/24/24 for a physical examination During the visit on 6/24/24, the NP reported to him that she had last seen FC #1 in person in June 2023 (no exact date provided) when he weighed 240 pounds The NP reported FC #1 was "almost

unrecognizable" to her

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	As a requit of t	he allegations, FC #1 was					
	removed from the	AFLS/L's facility on 6/17/24					
	- An appointmen	nt was made for him to see the					
	NP on 6/24/24 at th	ne center where he received					
	wellness care serv						
	- At his visit on 6	6/24/24, FC #1 weighed 157					
	pounds for a weigh	it loss of 83 pounds and					
	documented in her	"visit note - office note" he					
	was "almost unrec	ognizable" to her 2023 until June of 2024, FC					
	- From June of	NP were virtual; therefore, his					
	weight during each	visit was not documented		-			
	- Prior to FC #1	s visit on 6/24/24, the NP had		8.74			
	last seen FC #1 in	person in June of 2023 (could	And the state of t	1 to 1 to 1 to 1			
	not provide the exa	act date) and he weighed 240		. 5%			
		al report to FC #1's new AFL					
	provider	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
		oted in the written visit					
	Summary that FC	#1 reported to her that the often not feed him"					
	The NP also r	eported to the new AFL provider	-				
	that FC #1 was "d	ehydrated" and needed fluids					
	before she could p	perform a blood draw					
	Interview on 6/28/	24 with the Quality Assurance				4 99	
	Specialist (QAS) v	with the agency that provided					
		n services to the AFLS/L					
	revealed:	ted an internal investigation on					
	hehalf of FC #1 ha	ased on his allegations the					
11	AFLS/L had struck	k him on 6/17/24					
	- While intervie	wing FC #1, she had asked him					
		determine if he had any					
	bruising on his ch	est					
		bruising on FC #1's chest but					
		ut the amount of loose skin" she)				
	observed on his p						
		or, overall appearance was					
	concerning" - "Wouldn't thir	nk a twenty year old would be					

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	looking like a ninety - When asked ab AFLS/L reported he FC #1 to assist him - The AFLS/L had placed him on a "lov - The AFLS/L ma behalf of FC #1 with of FC #1's medical of - There was nothin plan to address diet weight loss - During the cours learned that FC #1 hover the course of a AFLS/L - This information account from the NF reported that when she weighed 240 pout 6/24/24, he weighed - The NP also rep weight loss" and that unrecognizable in ap - Her agency cand provide clinical supe AFLS/L on 6/24/24 b investigation and the "neglected" FC #1 w regimen without cons Review on 6/28/24 o investigation comple revealed: - "[FC #1] was s [name of nurse pract 10:00 a.m. The nurse [FC #1] had a signific unrecognizable in ap	year old" Yout FC #1's weight loss, the had designed a meal plan for with losing weight a FC #1 "do juicing" and had y sugar" diet ade these dietary changes on yout any discussion with any care providers and listed in FC #1's treatment restrictions or the need for see of her investigation, she had "lost over eighty pounds" year while living with the was based on a verbal of the new AFL staff who she saw him in June of 2023, ands and at his visit on 157 pounds orted this was a "significant to FC #1 was "almost opearance." Celled their contract to rvision services to the lased on their internal eir conclusion the AFLS/L hen he placed him on a diet sulting a medical professional	V 512			

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: _ B. WING 07/26/2024 MHL0411229 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3219 SHALLOWFORD DRIVE DAVIS FAMILY LIVING GREENSBORO, NC 27406 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 V 512 Continued From page 7 levels. The nurse practitioner reported the last physical of June of 2023. At the time [FC #1] weighed 240 lb. (pound). On June 24, 2024 [FC #1] weighed 157 with the loss of 83 lbs (pounds) in one year..." "...[AFLS/L] reported that had [FC #1] on a diet regiment. The plan of care has no recommendations for any specific diet or medical need indicating a change to [FC #1's] diet..." The QAS interviewed the AFLS/L on 6/19/24 who reported that FC #1 had been a client in his facility for a year and "[AFLS/L] reported that when [FC #1] first moved in he was extremely overweight. [AFLS/L] stated that he began [FC #1] on a diet regimen of low sugar high protein and juicing..." Review on 6/28/24 of the AFLS/L's written statement provided to the QAS (no date listed or signatures) revealed: "[FC #1] moved into the AFL here in summer of last year. Things started out well. Upon [FC #1's] arrival I noticed he was overweight and struggled to do a lot of physical activities. I asked [FC #1] if he wanted to be in better shape and he said yes. I created a meal plan that decreased his sugar intake and increased his fruit/vegetable intake. He lost a lot of weight and was happy about it ..." A request to obtain FC #1's medical records from his primary care physician was made on 7/3/24. The request was not met prior to the close of the survey on 7/26/24. Requests to obtain FC #1's medical records from the wellness center was made via fax on 7/12/24 and during an in person visit to the wellness center on 7/19/24. Neither request was met prior

to the close of the survey on 7/26/24.

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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:** COMPLETED A. BUILDING: C MHL0411229 B. WING 07/26/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3219 SHALLOWFORD DRIVE DAVIS FAMILY LIVING GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 512 | Continued From page 8 V 512 A request to interview the NP was made via the fax sent to the wellness center on 7/12/24 and during an in person visit to the wellness center on 7/19/24. Neither request was met prior to the close of the survey on 7/26/24. Review on 7/26/24 of the Plan of Protection signed and dated by the AFLS/L on 7/25/24 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? The facility will promptly report any changes with the consumers health and/or behavioral issues to the proper medical physicians, QP (Qualified Professionals), and team members so that the consumer receives the proper care needed. Describe your plans to make sure the above happens. The facility/staff will monitor the consumer daily to ensure the consumers health and well being are met with the recommended nutritional intake, medication administering, assessing, and advocating for the consumer needs." The AFL facility served FC #1 who had diagnoses of Mild Intellectual Disabilities; Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactivity Disorder, Combined Type; and Autistic Disorder. On 6/17/24, FC #1 alleged the AFLS/L had physically abused him. On 6/24/24, his NP examined FC #1 as a result of the allegation he made on 6/17/24. During his visit, FC #1's weight was taken and based on his weight and his appearance, it was determined FC #1 had lost over 80 pounds over the previous year. Per the AFLS/L, FC #1's weight loss could be attributed to a diet he had designed for FC #1 to follow. Although, FC #1 agreed with modifying

his eating habits, the AFLS/L had not consulted a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION X11 PROVIDER SUPPLIER X12 MULTIPLE CONSTRUCTION A BUILDING:		E CLIDVEV	L(Va) DATE				of Health Service Re	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3219 SHALLOWFORD DRIVE GREENSBORO, NC 27406 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 512 Continued From page 9 dietician, nutritionist, other medical professionals or get the consent of FC #1's treatment team before having FC #1 follow a diet which resulted in his losing a significant amount of weight from June 2023 to June 2024. This deficiency constitutes a Type A1 rule violation for serious neglect and must be					A State of the sta			
NAME OF PROVIDER OR SUPPLIER DAVIS FAMILY LIVING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 512 Continued From page 9 dietician, nutritionist, other medical professionals or get the consent of FC #1's treatment team before having FC #1 follow a diet which resulted in his losing a significant amount of weight from June 2023 to June 2024. This deficiency constitutes a Type A1 rule violation for serious neglect and must be		•	_ ,		A. BUILDING:	IDENTIFICATION NO.	OF CORRECTION	AND PLAN
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(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG V 512 Continued From page 9 dietician, nutritionist, other medical professionals or get the consent of FC #1's treatment team before having FC #1 follow a diet which resulted in his losing a significant amount of weight from June 2023 to June 2024. This deficiency constitutes a Type A1 rule violation for serious neglect and must be								
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violation for serious neglect and must be						of FC #1's treatment team #1 follow a diet which resulted ificant amount of weight from 2024.	or get the consent before having FC a in his losing a sign June 2023 to June	
Corrected within 25 days.		~				is neglect and must be	This deficiency co violation for seriou corrected within 23	
							ii.	