PRINTED: 12/12/2024 **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 MHL076-063 B. WING 12/04/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2872 YOUTH UNLIMITED DRIVE YOUTH UNLIMITED-SLANE HOME SOPHIA, NC 27350 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRFFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG CIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on December 4, 2024. The complaint was substantiated (intake #NC00224398). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential RECLIVED Treatment Staff Secure for Children or Adolescents. DEC 23 2024 This facility is licensed for 4 and has a current census of 3. The survey sample consisted of **DHSR-MH Licensure Sect** audits of 3 current clients, V 296 27G .1704 Residential Tx. Child/Adol - Min. V 296 Staffing 10A NCAC 27G .1704 MINIMUM STAFFING With regards to the violation 10A NCAC REQUIREMENTS 27G.1704 Residential Treatment-(a) A qualified professional shall be available by telephone or page. A direct care staff shall be Minimum Staffing Requirements able to reach the facility within 30 minutes at all (V296), Youth Unlimited continues to work to maintain the correct number of (b) The minimum number of direct care staff trained staff at our Level 3 group home. required when children or adolescents are As stated in the corrective action plan present and awake is as follows: written during the interview process, we two direct care staff shall be present for have filled the vacated Slane House one, two, three or four children or adolescents: Director position. We continue to recruit (2)three direct care staff shall be present and train the correct staff needed to for five, six, seven or eight children or operate the group home per the adolescents; and (3)regulations. We are reviewing our policy four direct care staff shall be present for nine, ten, eleven or twelve children or with regards to employee no call/no

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(1)

adolescents.

children or adolescents;

follows:

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

(c) The minimum number of direct care staff

two direct care staff shall be present

during child or adolescent sleep hours is as

and one shall be awake for one through four

TITLE

show so there is clearer communication

between evening and overnight shift

and the House Director and Clinical

(X6) DATE

Director.

|                          | OF DEFICIENCIES OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) MULTI          | PLE CONSTRUCTION   |                 | ATE SURVEY               |  |  |  |
|--------------------------|--|---|---------------------|--|-----------------|--------------------------|--|--|--|
| ISENTI IOATION NOIMBER.  |  | A. BUILDING:  |                     | CC   | COMPLETED       |                          |  |  |  |
| MHL076-063               |  | B. WING   |                     |  | C<br>12/04/2024 |                          |  |  |  |
| NAME OF F                | PROVIDER OR SUPPLIER   | STREET ADD  | RESS, CITY, S       | STATE, ZIP CODE  |                 |                          |  |  |  |
| VOUTUU                   | INI IMITED OF ANELLONG   | 2872 VOLI   | TH UNLIMIT          |  |                 |                          |  |  |  |
| 100140                   | YOUTH UNLIMITED-SLANE HOME  SOPHIA, NC 27350   |   |                     |  |                 |                          |  |  |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | ATEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF COI<br>(EACH CORRECTIVE ACTION<br>CROSS-REFERENCED TO THE,<br>DEFICIENCY) | SHOULD BE       | (X5)<br>COMPLETE<br>DATE |  |  |  |
|                          | and both shall be awa children or adolescent (3) three direct of which two shall be a asleep for nine, ten, eladolescents.  (d) In addition to the macare staff set forth in PRule, more direct care the facility based on the individual needs as spelan.  (e) Each facility shall be supervision of children are away from the facilichild or adolescent's inneeds as specified in the spe | are staff shall be present ke for five through eight s; and care staff shall be present that wake and the third may be even or twelve children or an argraphs (a)-(c) of this staff shall be required in e child or adolescent's ecified in the treatment are responsible for ensuring or adolescents when they ity in accordance with the dividual strengths and the treatment plan.  evidenced by:  ys and interviews the minimum number of direct and awake affecting two of and client #2). The | V 296               | DEFICIENCY   |                 |                          |  |  |  |
| 1                        | Disorder and Attention Disorder (ADHD)-Comb  | Deficit/Hyperactivity   |                     |  |                 |                          |  |  |  |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA  | (X2) MULTIF         | PLE CONSTRUCTION  | (X3) I                            | (X3) DATE SURVEY         |  |
|--|---|--|---------------------|---|-----------------------------------|--------------------------|--|
| A WAS A STATE OF MILESTICAL                      |   | IDENTIFICATION NUMBER:   | A. BUILDING         | 3:  |                                   | COMPLETED                |  |
|  |   | MHL076-063   | B. WING             |   |                                   | C<br>12/04/2024          |  |
| NAME OF F  | PROVIDER OR SUPPLIER  | STREET AL  | DDRESS, CITY, S     | TATE, ZIP CODE  |                                   |                          |  |
| VOLITHII   | INLIMITED OF ANE HOME   | 2972 VOI   | JTH UNLIMITE        |   |                                   |                          |  |
| 100140   | INLIMITED-SLANE HOME  |  | NC 27350            |   |                                   |                          |  |
| (X4) ID<br>PREFIX<br>TAG                         | (EACH DEFICIENCY  | ATEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIENC | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |  |
| V 296  | Continued From page   | 2  | V 296               |   |                                   |                          |  |
|  | -He was 17 years old.   |  | . 200               |   |                                   |                          |  |
|  | The was 17 years old.   |  |                     |   |                                   |                          |  |
| 1  | Cannabis Use Disorder Use Disorder, Unspeci Impulse-Control, and Co-He was 16 years old.  Review on 11/22/24 of Improvement System (revealed: -"[Client #1] went out hin the morning with and 11/20/24. Both clients so in [City 1 1/2 hours away the next day. Clients revenue."   | 31/24. ified ADHD, Unspecified ir, Unspecified Tobacco ified Disruptive, Conduct Disorder.  Incident Response IRIS) dated 11/22/24  is window around 2:00am other client, [client #2] on stole a truck and was found ay and 76.8 miles away] turned safely. Clients went dout after returning. Was |                     |   |                                   |                          |  |
|  | Interview on 11/21/24 w -"I ran away from the far (11/19/24) -"The reason I ran beca Protective Services (CF down." -"I ran away from the far -"We found a truck on th twenty minutes from the -"The truck was unlocke -"[Client #2] drove most drove for five minutes." -"[Client #2] was driving crashed." -"It was raining and the t | with Client #1 revealed: cility at 10:30pm."  use I thought Child 'S) was shutting them cility with [client #2]." he side of the road about a facility." do with the keys inside." of the time, and I only the truck when we cruck went into a ditch." of a fire station in a [local               |                     |   |                                   |                          |  |

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STATE FORM

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |   | (X3) DATE SURVEY<br>COMPLETED |                          |
|---|--|---|--|---|-------------------------------|--------------------------|
|   |  |   |  |   | С                             |                          |
|   |  | MHL076-063  | B. WING                                  |   | 200.000                       | 04/2024                  |
| NAME OF P   | ROVIDER OR SUPPLIER  | STREET AD   | DRESS, CITY, S                           | TATE, ZIP CODE  |                               |                          |
| YOUTH U   | NLIMITED-SLANE HOME  |   | ITH UNLIMITE                             | ED DRIVE  |                               |                          |
|   | CHMMADY CT   |   | NC 27350                                 |   |                               | ·                        |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | BE                            | (X5)<br>COMPLETE<br>DATE |
| V 296   | Continued From page  | 3   | V 296                                    |   |                               |                          |
|   | caught by the police." -"[Staff #1] was the on when we ran away." -"The police told me the charges on me for steating and the prought me back to the (11/20/24)."  Interview on 11/1/24 w -"I ran away because I shutting the home dow and the prought me back to the juvenile de the group has back to the gr | ly staff working that night  at they were going to press aling and wrecking the car." up from the local town and e group home the next day  with Client #2 revealed: heard that CPS was  yn." ome for any reason I will go tention center." ne at 10:30pm." (11/19/24) e left at 2:40am but we es away] around 1:12am ear) check." e I was sleeping in it." the bed, in a straight line, nem." tely dark. ck that was parked down  sities and ended up in a d." | V 296                                    |   |                               |                          |
|   | -"We were hydroplaning was raining."   | g on the road because it  |  |   |                               |                          |
|   | was railling"The truck started slidi<br>truck and hit the ditch." -"Once we got out of the   | 5209  |  |   |                               |                          |
|   | caught by the police."   | staff working that night  |  |   |                               |                          |
|   | -"[Staff #3] had left, and<br>staff there."  |   |  |   |                               |                          |
|   |  | t they were going to press<br>ing and wrecking the car."<br>I me up from the local  |  |   |                               |                          |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTII         | PLE CONSTRUCTION  |           | (X3) DATE SURVEY         |  |
|--|--|--|---------------------|---|-----------|--------------------------|--|
| 7,110,12,111                                     | A. BUILDING:   |  | COMP                | COMPLETED   |           |                          |  |
|  |  | MHL076-063   | B. WING             |   | 12        | C<br>/ <b>04/2024</b>    |  |
| NAME OF F  | PROVIDER OR SUPPLIER                                 | STREET AD  | DRESS, CITY, S      | TATE, ZIP CODE  |           |                          |  |
| VOLITULI   | INLUMITED OF ANE HOME                                | 2872 YOU   | TH UNLIMITI         | ED DRIVE  |           |                          |  |
| TOUTHU   | INLIMITED-SLANE HOME                                 | SOPHIA, I  | NC 27350            |   |           |                          |  |
| (X4) ID<br>PREFIX<br>TAG                         | (EACH DEFICIENCY                                     | ATEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)                             | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF COF<br>(EACH CORRECTIVE ACTION<br>CROSS-REFERENCED TO THE A<br>DEFICIENCY) | SHOULD BE | (X5)<br>COMPLETE<br>DATE |  |
| V 296  | Continued From page                                  | 4  | V 296               |   |           |                          |  |
|  | town and brought me next day (11/20/24)."            | back to the group home the   | V 230               |   |           |                          |  |
|  | revealed:  | rith Client #2's guardian  |                     |   |           |                          |  |
|  | farm truck parked on the facility."                  | at they had seen an old<br>ne side of the road by the  |                     |   |           |                          |  |
|  | -"[Client #2] said that if<br>three days we are goin | the truck is still there in to steal it."  |                     |   |           |                          |  |
|  | -"I was called that more                             |  |                     |   |           |                          |  |
|  | 3:00am saying that [cli                              |  |                     |   |           |                          |  |
|  | -"I sent a picture of [clie                          | ent #2] to the police  |                     |   |           |                          |  |
|  | officer."  |  |                     |   |           |                          |  |
|  |  | officer] told me that he will  |                     |   |           |                          |  |
|  | -"[Staff #3] told me that                            | and totaling the truck."   |                     |   |           |                          |  |
|  | about running away a                                 |  |                     |   |           |                          |  |
|  | -"[Client #2] started run                            | ning away about a year   |                     |   |           |                          |  |
|  | ago."  |  |                     |   |           |                          |  |
|  | -"[Client #2] ran away f                             |  |                     |   |           |                          |  |
|  | house and ran away fro<br>home placement sever       |  |                     |   |           |                          |  |
|  | -"[Client #2] was in the                             |  |                     |   |           |                          |  |
|  | twenty one days before                               |  |                     |   |           |                          |  |
|  | , ,  | gg.a.a.a.a.a.a.,   |                     |   |           |                          |  |
|  | Interview on 11/22/24 w                              | yana marangan and marangan marangan and a sanggan marangan and a sanggan marangan marangan marangan marangan m |                     |   |           |                          |  |
|  |  | bout eight to ten minutes  |                     |   |           |                          |  |
|  | late on November ninet                               |  |                     |   |           |                          |  |
|  | -"I completed my first ch                            |  |                     |   |           |                          |  |
|  | -"[Client #2] was in his r                           | on, while [Client #1] and  |                     |   |           |                          |  |
|  | [Client #3] were sleepin                             | a"   |                     |   |           | 1                        |  |
|  |  | minute checks throughout   |                     |   |           |                          |  |
|  | the night."  | 2.00300  |                     |   |           | - 1                      |  |
|  | -"Around 2:00am [client                              |  |                     |   |           | - 1                      |  |
|  | head with a blanket." Al                             | the other clients were in  |                     |   |           | - 1                      |  |
|  | their room asleep"                                   |  |                     |   |           | - 1                      |  |
|  | -"I didn't see any clothes                           |  |                     |   |           |                          |  |
|  | because the clothes we                               | re on the bed."  |                     |   |           |                          |  |

| AND PLAN OF CORRECTION  IDENTIFICATION NUMBER:  A. BUILDING:  B. WING  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  YOUTH UNLIMITED-SLANE HOME  2872 YOUTH UNLIMITED DRIVE  |      | C<br>/04/2024            |
|---|------|--------------------------|
| NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE   | 1    |                          |
| NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE   | 1    |                          |
| ONTO YOUR DAY ON THE PROPERTY OF THE PROPERTY | 1 12 | 104/2024                 |
| ONTO YOUR DAY ON THE PROPERTY OF THE PROPERTY |      |                          |
| YOUTH UNLIMITED SLANE HOME 2872 YOUTH UNLIMITED DRIVE   |      |                          |
|   |      |                          |
| SOPHIA, NC 27350  |      |                          |
| (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 TAG CROSS-REFERENCED TO THE APPROPRIATION)  TAG DEFICIENCY)   | DBE  | (X5)<br>COMPLETE<br>DATE |
| V 296 Continued From page 5 V 296   |      |                          |
| V 296  -"When I pulled the blanket back, [client #2] had stuffed his clothes under the blanket."  -"At 2:30am, I called the police, and they came about five minutes later."  -"After calling the police, I called the [Executive Director] and [Residential Director]."  -"I notified the police that there were two other clients in the facility."  -"I was outside talking to the police, getting him information needed to help locate [client #2]."  -"I was on the phone with [client #2*s] mother to get a recent picture of him."  -"I went back inside to check on the other two clients and found that [client #1] had gone out the window."  -"The police had to come back after I called telling them [client #1] had run away too."  -The police went into both clients' bedrooms trying to find clues to where they could have gone.  -"The police couldn't bring out the dog unit because of the rain."  -"[Client #1] and [client #2] stole a truck and five hundred dollars."  -"I told the [Former Residential Director] and second shift staff that [client #2] was going to run."  -"I also told the [Residential Director] and second shift staff that [client #2] was going to run."  -"I told the [Residential Director] that I needed a sleep staff on third shift because I was alone."  -"The sleep staff quit about a month ago and I have been working by myself since then."  -"When the set staff calls out for the shift, management would not send staff over to cover the shift."  -"When the staff calls out, they call the  |      |                          |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |   |        | (X3) DATE SURVEY<br>COMPLETED |  |
|--|---|--|--|---|--------|-------------------------------|--|
|  |   | MHL076-063   | B. WING                                  |   | 40     | C                             |  |
| NAME OF P  | PROVIDER OR SUPPLIER  | <del></del>  |  |   | 12     | /04/2024                      |  |
|  |   |  | TH UNLIMITI                              | ETATE, ZIP CODE<br>ED DRIVE   |        |                               |  |
| YOUTHU   | INLIMITED-SLANE HOME  | SOPHIA, N  |  |   |        |                               |  |
| (X4) ID<br>PREFIX<br>TAG                         | (EACH DEFICIENCY  | ATEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | ILD BE | (X5)<br>COMPLETE<br>DATE      |  |
| V 296  | Continued From page   | 6  | V 296                                    |   |        |                               |  |
|  | [Residential Director]." -"All management kne staff on third shift since month ago." -"The [Executive Director] nor [Resident staff in place." -"The [Residential Director] nor [Resident staff in place." -"Ithe [Residential Director] nor [Resident staff in place." -"[Staff #1] hasn't had a shift staff left. The third gone since about the thad reopened (9/10/24 -"I worked third shift on ago and did not have a -"When [client #1] and November twenty (24) working."  Interview on 12/3/24 wir-"[Client #2] got droppe about 5:30-6:00pm and off by this sister around -"[Staff #1] said that she [client #2] at 2:30am and 10:00pm (11/20/24)." -"[Staff #1] is always specific staff #5] had income | w that there wasn't a sleep e the staff quit about a  tor] knew that the position know that the [Clinical tial Director] didn't have  actor] told me the next day (24) that it was on us that a staff."  with Staff #2 revealed: a sleep staff since the third shift sleep staff has been nird week after the facility )." e time about three weeks sleep staff working." [client #2] left that night on [staff #1] was the only one  th Staff #3 reveled: d off by his grandfather [client #1] was dropped 7:00pm on (11/20/24)." e last saw [client #1] and d the clients saying  ending the night by herself ad left." eft at the beginning of  this month where I can't remember the | V 290                                    |   |        |                               |  |
| 1.0  | nterview on 12/2/24 wit<br>"I started working about   |  |  |   |        |                               |  |

|                          | NT OF DEFICIENCIES                                      | (X1) PROVIDER/SUPPLIER/CLIA   | (X2) MULTI     | PLE CONSTRUCTION  | (X3) DA                           | TE SURVEY                |  |  |  |
|--------------------------|---|---|----------------|---|-----------------------------------|--------------------------|--|--|--|
| AND PLAN                 | AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUIL   |   | A. BUILDIN     | A. BUILDING:  |                                   | COMPLETED                |  |  |  |
|                          |   |   |                |   |                                   |                          |  |  |  |
|                          |   | MIII 070 000  | B. WING        |   |                                   | С                        |  |  |  |
|                          |   | MHL076-063  | B. WING_       |   | 1                                 | 2/04/2024                |  |  |  |
| NAME OF F                | PROVIDER OR SUPPLIER                                    | STREET AD   | DRESS, CITY, S | TATE, ZIP CODE  |                                   |                          |  |  |  |
| VOLUELLI                 | 2872 YOUTH LINE IMITED DRIVE                            |   |                |   |                                   |                          |  |  |  |
| YOUTHU                   | INLIMITED-SLANE HOME                                    |   | NC 27350       |   |                                   |                          |  |  |  |
| (VA) ID                  | SLIMMADV ST   |   |                |   |                                   |                          |  |  |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY  | ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX<br>TAG  | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC'<br>CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |  |  |  |
| V 296                    | Continued From page                                     | 7   | V 296          |   |                                   |                          |  |  |  |
|                          |   |   | 7 200          |   |                                   |                          |  |  |  |
|                          | seen [staff #1] come ir                                 |   |                |   |                                   |                          |  |  |  |
|                          |   | ne staff working on third   |                |   |                                   |                          |  |  |  |
|                          | shift until two weeks a                                 | go."  |                |   |                                   |                          |  |  |  |
|                          |   |   |                |   |                                   |                          |  |  |  |
|                          | Interview on 11/21/24                                   | with the Residential  |                |   |                                   |                          |  |  |  |
|                          | Director revealed:                                      |   |                |   |                                   |                          |  |  |  |
|                          | -"[Client #1] and [Clien                                |   |                |   |                                   |                          |  |  |  |
|                          | Tuesday night or Wed                                    |   |                |   |                                   |                          |  |  |  |
|                          |   | y staff working that night  |                |   |                                   |                          |  |  |  |
|                          | when [Client #1] and [C                                 |   |                |   |                                   |                          |  |  |  |
|                          |   | staff working in the facility,  |                |   |                                   |                          |  |  |  |
|                          | it was just [staff #1]."                                |   |                |   |                                   |                          |  |  |  |
|                          | -"The [Former Residen                                   |   |                |   |                                   |                          |  |  |  |
|                          | schedule and left the o                                 |   |                |   |                                   |                          |  |  |  |
|                          |   | om vacation on November   |                |   |                                   |                          |  |  |  |
|                          | nineteen (24) I did not know which staff were working." |   |                |   |                                   |                          |  |  |  |
|                          |   |   |                |   |                                   |                          |  |  |  |
|                          |   | tial Director] had made the   |                |   |                                   |                          |  |  |  |
|                          |   | ing on November fifteen   |                |   |                                   |                          |  |  |  |
|                          | (24)."  |   |                |   |                                   |                          |  |  |  |
|                          |   | 4 14 2 5  |                |   |                                   |                          |  |  |  |
|                          | Interview on 11/21/24 a                                 | ind with the Clinical   |                |   |                                   |                          |  |  |  |
|                          | Director revealed:                                      | NATION FINE TWO NO DEPO   |                |   |                                   |                          |  |  |  |
|                          | -"On 11/19/24, [staff #1                                |   |                |   |                                   |                          |  |  |  |
|                          |   | , and I don't know if there   |                |   |                                   |                          |  |  |  |
|                          | was a sleep staff workir                                | 0   |                |   |                                   |                          |  |  |  |
|                          | -"The [Residential Direct                               |   |                |   |                                   |                          |  |  |  |
|                          | making the staff schedu                                 |   |                |   |                                   |                          |  |  |  |
|                          | -"I don't know what staff                               | fare working and what   |                |   |                                   |                          |  |  |  |
|                          | shift they are working."                                |   |                |   |                                   |                          |  |  |  |
|                          | and a second on the                                     |   |                |   |                                   |                          |  |  |  |
|                          | Attempted call to client                                |   |                |   |                                   |                          |  |  |  |
|                          | response before the inv                                 | estigation was completed.   |                |   |                                   |                          |  |  |  |
|                          |   |   |                |   |                                   | 1                        |  |  |  |
|                          | Attempted call to the Ex                                |   |                |   |                                   | I                        |  |  |  |
|                          | response before the inve                                | estigation was completed.   |                |   |                                   |                          |  |  |  |
|                          |   |   |                |   |                                   |                          |  |  |  |
|                          | Review on 11/27/24 of a                                 | Plan of Protection written  |                |   |                                   |                          |  |  |  |
|                          | by the Clinical Director of                             | dated 11/27/24 revealed:  |                |   |                                   |                          |  |  |  |
|                          |   |   |                |   |                                   |                          |  |  |  |
| icion of Unalth          | 0 i B I -:  |   |                |   |                                   |                          |  |  |  |

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION |   |           | (X3) DATE SURVEY         |  |  |  |
|---|--|---|----------------------------|---|-----------|--------------------------|--|--|--|
|   | or contraction   | IDENTIFICATION NOWIBER.   | A. BUILDING                | G:  | COMPLETED |                          |  |  |  |
|   |  | MHL076-063  | B. WING                    |   |           | C<br><b>/04/2024</b>     |  |  |  |
| NAME OF F   | PROVIDER OR SUPPLIER   | STREET ADD  | RESS, CITY, S              | STATE, ZIP CODE   |           |                          |  |  |  |
| YOUTH L   | INLIMITED-SLANE HOME   | 2872 YOUT   | TH UNLIMITE                | ED DRIVE  |           |                          |  |  |  |
|   | SOPHIA, NC 27350   |   |                            |   |           |                          |  |  |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPR<br>DEFICIENCY) | BE        | (X5)<br>COMPLETE<br>DATE |  |  |  |
|   | "What immediate acticensure the safety of the We have hired a new histart within the next coworking on backgrounhave 3 more people histelf time wake staff and are doing 15 minute round be provided by the people histelf time wake staff and are doing 15 minute round be provided by the people histelf time wake staff and the people histelf time wake staff and the people histelf time wake been to happens. We have been there are going to composite to continue to recruit, train staffed. House Director that wake staff can che room checks.  Client #1 was 17 years Disruptive Mood Dysre ADHD-Combined Type old diagnosed with Unsand the Attention-Deficit/Hypers Unspecified Cannabis In Tobacco Use Disorder, Impulse-Control, and Client #2 eloped from 11/19/24 or 11/20/24. Tworking and the facility minimum two staff on different that was 76.8 mand were found by the part of the people for the rain that was 76.8 mand were found by the part of the people for the rain that was 76.8 mand were found by the part of the people for the clients stole and craft the people for the p | on will the facility take to e consumers in your care? house director. She should huple of weeks. She is d check etc. We should red in the next month. Two d at least 1 prn person. We om checks at night. make sure the above en interviewing candidates. he in next week. We will h and hire until we are fully r is creating a document eck off on their 15 minute  old diagnosed with gulation Disorder and c. Client #2 was 16 years epecified activity Disorder, Use Disorder, Unspecified Unspecified Disruptive, onduct Disorder. Client #1 m the facility either there was only one staff did not have the required atty. During the elopement ished a truck. They house in the stolen truck in hiles away from the facility police. | V 296                      |   |           |                          |  |  |  |
|   | 0 . 0  |   |                            |   |           |                          |  |  |  |