	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL076-063	B. WING		03/0	R 7/ <b>2025</b>
					03/0	112023
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S JTH UNLIMIT	STATE, ZIP CODE		
YOUTH U	JNLIMITED-SLANE H	OME	NC 27350	ED DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	completed on Marc were substantiated #NC00228003). Do This facility is licens	nt and follow up survey was h 7, 2025. The complaints (Intake #NC00227587 and eficiencies were cited.  sed for the following service C 27G .1700 Residential cure for Children or				
	This facility is licens	sed for four and has a current survey sample consisted of ent clients.				
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	AND SUPPLIES  (a) Each facility sha and a disaster plan these plans availabte to the county emergy request. The plans procedures and rout (b) The plans shall and evacuation proposted in the facility.  (c) Fire and disaster shall be held at least repeated for each so Drills shall be condustinulate the facility's emergencies.	gency services agencies upon shall include evacuation ites. be made available to all staff cedures and routes shall be r drills in a 24-hour facility st quarterly and shall be hift.				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	₹
		MHL076-063	B. WING		03/0	7/2025
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
YOUTH	JNLIMITED-SLANE H	OME	JTH UNLIMIT NC 27350	ED DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 114	Continued From pa	ige 1	V 114			
	This Rule is not me Based on record refacility failed to ens completed quarterly are:  Review on 2/25/25 disaster drill log from 2025 revealed: -There were no fire 2nd and 3rd shifts of August, September -There were no disactly, 2nd and 3rd shifts of 1st, 2nd and	et as evidenced by: eview and interviews, the ure fire and disaster drills were y on each shift. The findings  of the facility's fire and m (January 2024- January  drills conducted for the 1st, during the 3rd quarter (July, e) of 2024. aster drills conducted for the eifts during the 3rd quarter ember) of 2024.  with client #1 revealed: fire a month. I if drills were fire, disaster or  with client #2 revealed: fire or disaster drill since  was admitted to the facility.  with staff #1 revealed: d with the agency for close to a  rked third shift upon hire and d shift. leted a fire or disaster drill on				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.	<del></del>	F	,
		MHL076-063	B. WING			7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
YOUTH	JNLIMITED-SLANE H	OME 2872 YOU SOPHIA, I	TH UNLIMIT NC 27350	ED DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 2	V 114			
	Interview on 3/3/25 revealed: -To her knowledge, monthly on each shall addred the and disaster facilityAcknowledged the and disaster drills weach shift.  27G .1703 Residen P  10A NCAC 27G .17 ASSOCIATE PROF (a) In addition to the specified in Rule .1 facility shall have at staff who meets or an associate profess NCAC 27G .0104(1) The governing facility shall develop policies that specify associate profession policies shall addred (1) management (1) management (2) supervision regarding responsilimplementation of each shall addred (2) supervision regarding responsilimplementation of each shall addred (2) supervision regarding responsilimplementation of each shall addred (3) supervision regarding responsilimplementation of each shall addred (2) supervision regarding responsilimplementation of each shall addred (2) supervision regarding responsilimplementation of each shall addred (3) supervision regarding responsilimplementation of each shall addred (4) supervision regarding responsilimplementation of each shall addred (5) supervision regarding responsilimplementation of each shall addred (5) supervision regarding responsilimplementation of each shall addred (5) supervision regarding responsilimplementation of each shall be s	with the Clinical Director  staff were to complete drills nift. or was responsible for ensuring er drills were completed in the  facility failed to ensure the fire were completed quarterly on  atial Tx. Child/Adol - Req. for A  703 REQUIREMENTS FOR FESSIONALS be qualified professional 702 of this Section, each at least one full-time direct care exceeds the requirements of esional as set forth in 10A  1).  body responsible for each or and implement written or the responsibilities of its smal(s). At a minimum these ses the following: ment of the day to day ons of the facility; on of paraprofessionals collities related to the each child or adolescent's	V 114			
	treatment plan; and (3) participati meetings.	on in service planning				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			,		F	₹
		MHL076-063	B. WING		1	7/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
YOUTH (	JNLIMITED-SLANE H	OME 2872 YOU SOPHIA, I	TH UNLIMIT NC 27350	ED DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
V 295	Continued From page 3		V 295			
	facility failed to emp (AP) who provided a full-time basis. T Review on 3/6/25 of personnel record re- -Date of hire was 10- -Hired as a Resider -There was docume	views and interviews, the ploy an Associate Professional services to the group home on the findings are:  If the Associate Professional evealed:  0/11/24.  Intial Counselor.  entation of a bachelor's degree				
	and years of experience.  Interview on 3/6/25 with the Clinical Director revealed: -Staff #6 replaced Former Staff #7 as of February 14, 2025 as the Associate ProfessionalStaff #6 worked second shift during the weekdayShe thought staff #6 had a four-year degreeAcknowledged the facility did not have a full time AP that worked on a full-time basis in the group home.  This deficiency has been cited 3 times since the original cite on 2/27/24 and must be corrected within 30 days.					
V 296	27G .1704 Resident Staffing  10A NCAC 27G .17 REQUIREMENTS (a) A qualified profit telephone or page. able to reach the fatimes.	ntial Tx. Child/Adol - Min.  704 MINIMUM STAFFING  essional shall be available by A direct care staff shall be icility within 30 minutes at all	V 296			

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RM 6899 VH2311 If continuation sheet 4 of 15

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7 t. BOILBING.		   F	
		MHL076-063	B. WING		1	7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
YOUTH	JNLIMITED-SLANE H	OME 2872 YOU SOPHIA, I	TH UNLIMIT	ED DRIVE		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
V 296	Continued From pa	ge 4	V 296			
	required when child present and awake (1) two direct one, two, three or for (2) three direct for five, six, seven or adolescents; and (3) four direct nine, ten, eleven or adolescents.  (c) The minimum or during child or adolescents.  (c) The minimum or during child or adolescents.  (d) two direct and one shall be a children or adolescents.  (e) two direct and both shall be a children or adolescents.  (f) the direct control of which two shall be a children or adolescents.  (g) In addition to the care staff set forth in Rule, more direct control the facility based or individual needs as plan.  (e) Each facility she supervision of child are away from the facilid or adolescent.	Iren or adolescents are is as follows: care staff shall be present for our children or adolescents; ct care staff shall be present or eight children or t care staff shall be present for twelve children or number of direct care staff escent sleep hours is as care staff shall be present wake for one through four ents; care staff shall be present wake for five through eight				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL076-063	B. WING			R <b>07/2025</b>
	PROVIDER OR SUPPLIER  JNLIMITED-SLANE H	OME 2872 YO	DDRESS, CITY, S JTH UNLIMIT NC 27350	STATE, ZIP CODE ED DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 296	Continued From pa	ge 5	V 296			
	facility failed to ens	et as evidenced by: views and interviews, the ure the minimum number of s present and awake. The				
	-Admitted on 1/23/2	Traumatic Stress Disorder.				
	-Admitted on 1/10/2	Traumatic Stress Disorder ive Disorder.				
	-Admitted on 2/3/25 -Diagnoses of Majo Recurrent/Unspecif Disorder and Attent	r Depressive Disorder- ied, Generalized Anxiety ion Deficit Hyperactivity antly inattentive presentation.				
	Improvement Syste 2/17/25 for an incid -"Client (client #1) a (client #2 and client and absconded. St guardian. Client (client hour six minute Staff picked up client setting on 2/15/25."	of the Incident Response of (IRIS) reports dated ent on 2/14/25 revealed: along with two other clients of #3) stole key for agency van caff alerted authorities and itent #1) was located in [city es away and 59.4 miles away]. In the agency van. Client				

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DIVISION	of Health Service Re	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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		MHL076-063	B. WING			7/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DDESS CITY S	STATE, ZIP CODE	-	
INAIVIL OI I	-NOVIDEN ON SUFFEIEN			,		
YOUTH (	JNLIMITED-SLANE H	OMF	ITH UNLIMIT	ED DRIVE		
			NC 27350			
(X4) ID PREFIX	-	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
V 296	Continued From pa	age 6	V 296			
	•					
	(client #2) was alon					
		cility with two other clients				
		t #3). Staff picked client up on				
	2/15/25 and returne					
		ith other clients (client #2 and y van and absconded. Clients				
	were found in city of	ne hour six minutes away and				
		Staff picked up client and				
		tial setting (facility) on 2/15/25.				
	Interview on 2/27/2	5 with client #1 revealed:				
	-He was upset that	staff said they had to go the				
		ie staff were leaving.				
		ff #7 and Former Staff #8 left				
		cal Director was the only staff				
	working the shift.					
		key on the table and I took it."				
	-"I have a history of					
	-He was currently o	eted any driver's education				
	training.	sted ally driver's education				
	-He was the driver	of the van				
		leave during third shift once I				
	had got the key."	<b>g</b>				
	-He went to bed, cli	mbed out the window and got				
		vith client #2 and client #3				
	around 9:30pm.					
		ging out and driving around."				
	-"The van totaled."					
		away and I was turning left at a				
		250 truck T-boned us." n his wrist from the deployment				
	of the airbag and hi					
		by the police and taken into				
	custody.	2, and pende and taken into				
		eack to facility staff the next				
		o space in the detention				
	center.	•				
	Interview on 2/27/2	5 with client #2 revealed:				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		MHL076-063	D. WING		03/0	7/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
YOUTH (	JNLIMITED-SLANE H	OME 2872 YOU SOPHIA, N	TH UNLIMIT NC 27350	ED DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 296	hospital if staff did r questions."  -"I was upset the staff left the ket took the key.  - He went to bed, clin the van and left varound 9:30pm.  -He was in the front "We went to my for [city one hour six maway]."  -"We were just riding return to the facility.  -I had closed my eys s**t' and then felt the "His body was sore injuries.  -The police picked to "The next day they staff and returned be "Interview on 2/27/25"  -"I wanted to leave "They all decided to once they went to be "He went to bed, clin the van and left varound 9:30pm.  -He laid down and se "He awakened at the by the truck.  -"I actually raised up hit."	said they were taking us to the not call back and answer her aff were quitting." ey on the table and client #1 imbed out the window and got with client #1 and client #3 t seat in the van. rmer foster family house in inutes away and 63.7 miles ag around and had no plan to be and heard client #1 say 'oh be van get hit." but he didn't have any them up and held them. were picked up by the facility back to the facility.  5 with client #3 revealed: as I was missing my family." beleave the facility on the van	V 296	DEFICIENCY)		
	-"The police came a	were picked up by the facility				

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2872 YOUTH UNLIMITED BRIVE  SOPHIA, NC 27350    PROVIDER SUMMARY STATEMENT OF DEFICIENCES SOPHIA, NC 27350   PROVIDER SUMMARY STATEMENT OF DEFICIENCES SOPHIA, NC 27350   PROVIDER PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S	SUPPLIER/CLIA FION NUMBER:	l ` ′	E CONSTRUCTION		SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2872 YOUTH UNLIMITED SLANE HOME  SOPHIA, NC 27350  PROVIDER SUMMARY STATEMENT OF DEFICIENCES (EACH DEAR CHOCK)  (EACH DEAR CHOCK)  (EACH DEAR CHOCK)  TAG  NEGULATORY OR LSC IDENTIFYING INFORMATION)  V 296  Continued From page 8  V 296  Interview on 2/26/25 with staff #3 revealed: -She had worked first shift the day the clients eloped from the facilityShe recalled that day the staff did the school run and she saw the keys on the dining room tableThe vehicle key was supposed to be kept upstairsShe received a call from the Clinical Director to communicate with Former Staff #8 they were scheduled to work in another facility for the weekendShe contacted Former Staff #8 as instructedShe was later informed by the Clinical Director about the incident that occurred regarding the elopement of the clients on 2/14/25.  Interview on 2/26/25 with Former Staff #7 revealed: -She was working her scheduled shift the day of the clients elopement and quitShe was were limited to be cliented to the clients on 2/14/25.  Interview on 2/26/25 with Former Staff #7 revealed: -She was working her scheduled shift the day of the clients on 2/14/25.  Interview on 2/26/25 with Former Staff #7 revealed: -She was fed up' with how things operated in the facilityShe left a message with the Clinical Director that she can go to the local hospital to get the clients as she and Former Staff #8 were leavingThe Clinical Director anived on shift and stated she and Former Staff #8 were firedThe Clinical Director anived on shift and stated she and Former Staff #8 were firedThe clients were still in the facility when I left."					A. BUILDING:			
V 296   SUMMARY STATEMENT OF DEFICIENCIES   SOPHIA, NC 27350   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DATE			MHL076	-063	B. WING			
X4   ID   SUMMARY STATEMENT OF DEFICIENCE STATE   ID   PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   V 296   Continued From page 8   V 296    Interview on 2/26/25 with staff #3 revealed: -She had worked first shift the day the clients eloped from the facilityShe recalled that day the staff did the school run and she saw the keys on the dining room tableThe vehicle key was supposed to be kept upstairsShe received a call from the Clinical Director to communicate with Former Staff #8 as instructedShe was later informed by the Clinical Director about the incident that occurred regarding the elopement of the clients on 2/14/25.  Interview on 2/26/25 with Former Staff #7 revealed: -She was working her scheduled shift the day of the clients' elopement and quitShe was "fed up" with how things operated in the facilityShe left a message with the Clinical Director that she can go to the local hospital to get the clients as she and Former Staff #8 were leavingThe Clinical Director arrived on shift and stated she and Former Staff #8 were fired"I told her (Clinical Director) I quit and that she could not fire me." -"The clients were still in the facility when I left."	NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CALID   SUMMARY STATEMENT OF DEFICIENCIES   PROVIDER'S PLAND FE CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY YOUL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   FOR CROSS-REFERENCED TO THE APPROPRIATE DATE	YOUTH I	JNLIMITED-SLANE H	OME			ED DRIVE		
PRÉFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  V 296  Continued From page 8  Interview on 2/26/25 with staff #3 revealed: -She had worked first shift the day the clients eloped from the facilityShe recalled that day the staff did the school run and she saw the keys on the dining room tableThe vehicle key was supposed to be kept upstairsShe received a call from the Clinical Director to communicate with Former Staff #8 as instructedShe was later informed by the Clinical Director about the incident that occurred regarding the elopement of the clients or 2/14/25.  Interview on 2/26/25 with Former Staff #7 revealed: -She was working her scheduled shift the day of the clients 'elopement and quitShe was "fed up" with how things operated in the facilityShe left a message with the Clinical Director that she can go to the local hospital to get the clients as she and Former Staff #8 were fired"I told her (Clinical Director) I quit and that she could not fire me." -"The clients were still in the facility when I left."		Г			NC 2/350			
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-When she was leaving, the Clinical Director came to her to ask if the key on the dining room table was her key and she confirmed that was not her key"The facility key to the van was supposed to be in a green cabinet upstairs, but they were always out."		-She had worked fir eloped from the factors and she saw the kerometric that do and she saw the kerometric that the vehicle key was upstairs.  -She received a calcommunicate with the scheduled to work in weekend.  -She contacted Force about the incident the elopement of the climiter of	rst shift the day illity. Iay the staff did by son the dining as supposed to a suppose	y the clients  If the school run Ing room table. It ical Director to It to the sept  It ical Director to It to the sept  It ical Director to It inical Director that It is operated in the It inical Director that It inical Director that It inical Director that It in inical Director It in i				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPI	LETED
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		MHL076-063	B. WING			7/2025
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NAME OF F	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
YOUTH L	JNLIMITED-SLANE H	OME	UTH UNLIMIT	ED DRIVE		
		SOPHIA,	NC 27350			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
IAG	TREGOE TOTAL	iso is Elvin Tino in Craw thon,	IAG	DEFICIENCY)	1 (I) (I) L	
1/000	0 " 15		1,000			
V 296	Continued From pa	ige 9	V 296			
	Clinical Director wh	en she and Former Staff #8				
	left the facility at 7:5					
	•	·				
		5 with the Clinical Director				
	revealed:					
		eral texts from Former Staff #7				
		reassignment of Former Staff				
	#8.	go to the facility and upon				
	arrival planned to terminate both staff of their work duties due their unprofessional conduct.					
		staff on shift once the				
	terminated staff left					
		ork the shift for the weekend				
	with the other sched					
		n the dining room table and				
		f #7 if the key belonged to her				
	and she stated no.					
		about it being the facility van				
	key."					
		he clients to prepare for bed.				
		#3 were huddled together and				
	made no eye conta					
	-"They all willingly w					
		n check within 10 minutes and	4			
		client #2 and client #3 were no bedrooms and the windows	L			
	were open.	beardonns and the windows				
		tacted the police to make a				
	report."	penso to make a				
		and requested information for				
	the clients.	,				
	-One of the officers	inquired how many vehicles				
	were in the drivewa	ny.				
	-She stated the faci	ility van and her personal				
	vehicle were in the	driveway.				
		made her aware the facility var	۱			
	was gone.					
		made a call to alert for the				
	facility van.					

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Division of Health Service Regulation

MHL076-063  NAME OF PROVIDER OR SUPPLIER  YOUTH UNLIMITED-SLANE HOME  STREET ADDRESS, CITY, STATE, ZIP CODE  2872 YOUTH UNLIMITED DRIVE  SOPHIA, NC 27350  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED.)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
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YOUTH UNLIMITED-SLANE HOME  2872 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET OF CROSS-REFERENCED TO THE APPROPRIATE DATE				MHL076-063	B. WING		03/	07/2025
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	PREFIX (EACH DEFICIENC)	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	I SHOULD BE	(X5) COMPLETE DATE
V 296 Continued From page 10 V 296	V 296 Continued From pa	V 296	Continued From pa	ge 10	V 296			
She received a call from an officer around 12:30am that the clients were located and taken into custody.  -All the clients were returned to the facility on 2/15/2025.  -She was also informed by the officer the clients were in an accident and were T-boned by a large pick up truck.  -She did not think about calling in additional staff to work during the shift until the arrival of the third shift staff.  -She was the only staff on shift from 8pm until the third shift staff arrival at 10pm.  Review on 3/6/25 of a Plan of Protection written by the Clinical Director dated 3/6/25 revealed:  "What immediate action will the facility take to ensure the safety of the consumers in your care? We have increased our salaries in order to attract better candidates. We are going to have a shift "floater" who will have Qualified Professional qualifications but be hired as an Associate Professional in order to ensure we have an extra person on campus for when someone calls out does not show up, or leaves before their shift is over. We put all the car keys on lanyards so staff has no excuse to leave keys laying around.  Describe your plans to make sure the above happens. We have 4 potential staff members working on completing hiring process. We are screening the candidates we are seeing to ensure they have the proper attitude and demeanor to work with children in an appropriate manner. We are working on rewriting all our trainings to bring them up to date and are scheduling mandatory quarterly training for all full-time staff. We are putting a Master level intern program to help us	-She received a cal 12:30am that the clinto custodyAll the clients were 2/15/2025She was also inforwere in an accident pick up truckShe did not think a to work during the shift staffShe was the only sthird shift staff arrivement of the clinical Direction of the control of the co		-She received a cal 12:30am that the clinto custodyAll the clients were 2/15/2025She was also inforwere in an accident pick up truckShe did not think a to work during the shift staffShe was the only sthird shift staff arriv.  Review on 3/6/25 oby the Clinical Direct. "What immediate a ensure the safety of We have increased better candidates." "floater" who will ha qualifications but be Professional in order person on campus does not show up, cover. We put all the has no excuse to le Describe your plans happens. We have working on complet screening the cand they have the proper work with children in are working on rewithem up to date and quarterly training for	I from an officer around ients were located and taken returned to the facility on med by the officer the clients and were T-boned by a large about calling in additional staff shift until the arrival of the third staff on shift from 8pm until the al at 10pm.  If a Plan of Protection written ctor dated 3/6/25 revealed:  In our salaries in order to attract We are going to have a shift are Qualified Professional to the entire to ensure we have an extra for when someone calls out or leaves before their shift is to make sure the above that are seeing to ensure the attitude and demeanor to an appropriate manner. We riting all our trainings to bring dare scheduling mandatory rall full-time staff. We are	V 290			

Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL076-063	B. WING		R <b>03/07/2025</b>	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	03/0	112025
		2872 YOU	TH UNLIMIT	•		
YOUTH	JNLIMITED-SLANE H	OME SOPHIA, I	NC 27350			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 296	Continued From page 11		V 296			
	increase the information we give our staff in the home to identify behaviors and issues so the staff have more knowledge about the clients when they come in."					
	from 13 to 17 years Post Traumatic Structure Depressive Disorder Disorder and Attent Disorder- predomin All three clients elo 2/14/25. On 2/14/25 Former Staff #7 and shift leaving the fact minimum staff cover being the only personal four clients. During taken the facility variand laying on the diad taken the facility and taken the facility accident 63.7 miles large pickup truck, education training, and injuries from the	and client #3 ranged in age sold and were diagnosed with ess Disorder, Major er and Generalized Anxiety tion Deficit Hyperactivity nantly inattentive presentation. ped from the facility on 25 the facility terminated deformer Staff #8 during their cility below the required erage with the Clinical Director on working in the facility with that evening the clients had in key, that were unsecured ining room table. The clients the ty van and were involved in an as away from the facility with a The driver had no driver's The clients had minor bruises are accident. The clients were seed back to the facility on				
		estitutes a Continuing Type A1 ally cited for serious neglect ct within 23 days.				
V 297	27G .1705 Resider P	ntial Tx. Child/Adol - Req. for L	V 297			
	LICENSED PROFE (a) Face to face cli	705 REQUIREMENTS OF ESSIONALS inical consultation shall be cility at least four hours a				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
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		MHL076-063	B. WING		03/0	7/2025	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
YOUTH	UNLIMITED-SLANE H	IOME 2872 YOU' SOPHIA, N	TH UNLIMIT NC 27350	ED DRIVE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
V 297	Continued From page 12  week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor.  (b) The consultation specified in Paragraph (a) of this Rule shall include:  (1) clinical supervision of the qualified professional specified in Rule .1702 of this Section;  (2) individual, group or family therapy services; or  (3) involvement in child or adolescent specific treatment plans or overall program issues.		V 297				
	Based on record re facility failed to ens consultation was pr four hours a week to (LP). The findings  Review on 2/25/25 -17 year old maleAdmitted on 1/23/2 -Diagnosis of Post  Review on 2/25/25 -17 year old maleAdmitted on 1/10/2	of client #1's record revealed:  25. Traumatic Stress Disorder.  of client #2's record revealed:  25. t Traumatic Stress Disorder					

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Division of Health Service Regulation						
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBE		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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17.0	RESOLATORY OR ESCIBERTII TING IN ORWATION)			DEFICIENCY)		
V/ 207	Continued From no	ugo 12	V 297			
V 297	Continued From page 13		V 291			
	Review on 2/25/25	of client #3's record revealed:				
	-13 year old male.					
	-Admitted on 2/3/25					
		or Depressive Disorder-				
		fied, Generalized Anxiety				
		tion Deficit Hyperactivity				
	Disorder- predomin	nantly inattentive presentation.				
	Review on 2/25/25	of staff #4's personnel record				
	Review on 2/25/25 of staff #4's personnel record revealed:					
	-Date of hire was 1/14/25.					
	-She was hired as an Intern.					
	Interview on 2/27/25 with client #1 revealed: -He only had a therapy session a few timesHe could not recall the dates.					
		ded by the Intern and the				
	Clinical Director.					
	Interview on 2/27/2	5 with client #2 revealed:				
	<ul><li>-He only had therapy once with staff #4 and once with the Clinical Director.</li><li>-"I was told we are supposed to have therapy</li></ul>					
	once a week, that's					
	,	11 3				
	Interview on 2/2/7/2	25 with client #3 revealed:				
	-He had therapy once or twice since his					
	admission.					
	-Stated therapy was	s provided by staff #4.				
	Interview or 0/00/0	6 with stoff #2 reverted				
		6 with staff #3 revealed:				
		the clients were to receive				
	therapy sessions w	еекіу. therapy services provided				
	when she worked in					
	Worked II	Taro raomey.				
	Interview on 2/27/2	5 with the Intern revealed:				
	-She was hired as a					
		on her Masters in Counseling.				
		-3pm currently and would soon				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
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	in the facilityShe had completed group therapy with the Interview on 3/5/25 revealed: -She completed the clients weeklyStaff #4 worked 10 begin working durin -When the Intern state therapy session -She thought the Interpretation of the	second shift. herapy sessions to the clients d both individual therapy and the clients. with the Clinical Director therapy sessions with the am-3pm currently and would g second shift. arted, she stopped providing	V 297				