STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL036-371	B. WING		04/10/2	2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	E, ZIP CODE		
4115557		837 LYN	HAVEN DRIVE			
AUBREY'S	S SAFE HAVEN	GASTO	NIA, NC 28052			
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 000	0 INITIAL COMMENTS		V 000			
	on 4-10-25. The com (Intake #NC00228352 This facility is licensed category: 10A NCAC Treatment Staff Secu Adolescents.	d for 4 and has a current				
		vey sample consisted of				
V 110	27G .0204 Training/S Paraprofessionals	upervision	V 110			
	SUPERVISION OF P. (a) There shall be no paraprofessionals. (b) Paraprofessionals associate professional professional as specification of subchapter. (c) Paraprofessionals knowledge, skills and population served. (d) At such time as a employment system in then qualified professionals shall defend the competence shall exhibiting core skills in the competence shall exhibit in the competence shall exhibi	fied in Rule .0104 of this s shall demonstrate abilities required by the competency-based s established by rulemaking, ionals and associate emonstrate competence. I be demonstrated by including: dge; ss;				
	(5) interpersonal skil(6) communication s	ls;				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MHL036-371		B. WING		04/10/2025	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	ΓΕ, ZIP CODE	,
AUBREY'	S SAFE HAVEN		HAVEN DRIVE		
	I		IIA, NC 28052		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 110	(7) clinical skills.(f) The governing boodevelop and impleme	dy for each facility shall nt policies and procedures individualized supervision	V 110		
	This Rule is not met as evidenced by: Based on record reviews and interviews 1 of 5 audited staff (Executive Director/ED) failed to demonstrate the knowledge, skill and abilities required for the population served. The findings are: Review on 4-4-25 of client #1's record revealed: -Date of admission: 1-9-25Age: 17 yearsDiagnoses: Disruptive Mood Dysregulation Disorder (DMDD); Post-Traumatic Stress Disorder.				
	Review on 3-7-25 of conditions on the condition of the co	Attention Deficit r; Bi-Polar II; Major			
	-Date of hire: 8-9-22. -Job description dated -Meets requirements	he ED's record revealed: d 1-1-22. for a para-professional. ith client #1 and #3's school			

Division of Health Service Regulation

STATE FORM 6899 GB0B11 If continuation sheet 2 of 6

Division	of Health Service Regu	lation				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	E I E D
MHL036-371		B. WING		04/10/2025		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE		
	1011211 011 001 1 21211		HAVEN DRIVE	, 3332		
AUBREY'S	S SAFE HAVEN		IIA, NC 28052			
()(1) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF	PRIATE	DATE
				DEFICIENCY)		
V 110	Continued From page	e 2	V 110			
	-"We (school staff) ha	eve had ongoing				
		s with them (facility). Not				
		(client #1), we have had				
	-	dents (client #3) and even				
	going back to the pre					
		attempted to self harm by				
		er arm and attempted to tie a				
	belt around her neck.					
		a ink pen in one hand and a				
	belt in the other hand. She was threatening to stab herself and at one point she put the belt					
		she threatened to harm				
	others (teacher and students) who tried to help					
	her " -At approximately 9am the principal attempted to					
	• • •	ut no one answered the				
	facility phone and the					
	messages left on her					
	•	attempts to reach facility				
	staff the principal call	ed client #1's Department of				
		s) guardian and advised the				
	guardian of client #1's behaviors (self-harm, suicidal ideation and threats to harm other). She					
		uardian to send client #1 to				
	the hospital. -Emergency Medical Technicians (EMT's) were called to assist client #1. -"The school was still legally responsible for the student (client #1) so I went to the hospital with					
		II [ED] two more times from				
	the hospital but still no one answered the group home (facility) phone or the cell phone." -She sent the school resource officer (SRO) to the group home (facility), but there was no one at					
	the facility.					
	_	er on the ring camera, the				
		and wanted to know what				
	was going on.	she called (after the SDO				
	-"Then all of a sudden she called (after the SRO went to the facility) and wanted to know why we					

Division of Health Service Regulation

STATE FORM 6899 GB0B11 If continuation sheet 3 of 6

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	MHL036-371	B. WING		04	/10/2025	
NAME OF PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE			
AUDDEVIC CAFE HAVEN	837 LYNF	HAVEN DRIVE				
AUBREY'S SAFE HAVEN	GASTON	IIA, NC 28052				
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 110 Continued From page	e 3	V 110				
sent the police to the was over an hour aw school. She said she come but no one was -"I was at the hospital I left at around 12:15 school. and no one fr hospital at that point. get to the hospital un -"That's not the first trefused to pick up as -"When she came ba was the same thing (got upset over somet through a wall (hit avaid and wrapped her group home (facility) come and get the stu hand checked out. Suntil 30 minutes later we (school staff) cou everything and pick to called. She said she phone on her because came to the school un #1 up on 3-11-25)." -"There was another first or second day in sugar dropped to 68 gave her something to and then we checked it was over 200. She was going to pass out blurry. We reached of (approximately 9:30 and get her. [ED] called I hour away in traffic and time she could get so	home (facility). She said she ay and could not come to the extried to get another staff to available." I for about an hour an a half. I pm and went back to the moment of the facility was at the student." I for about an hour an a half. I pm and went back to the moment of the facility was at the student. They (facility) have student." I for about an hour an a half. I pm and was applied first hard. I started calling the at 8:45 for someone to dent (client #1) to have herefore (ED) did not call back and then she told me that all not expect her to drop hese kids up every time we does not always keep herefore she has a life. No one notial 12:30 (pm) (to pick client student (client #3), it was herefore (all the fact of the felt like she at and that her to sit down a her blood sugar again and a reported she felt like she at and that her vision was ut to the group home am) to have them come and back and said she was an and that she didn't know what one one to the school to pick was not picked up until that					

Division of Health Service Regulation

STATE FORM 6899 GB0B11 If continuation sheet 4 of 6

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		MHL036-371	B. WING		04	/10/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, STA	TE, ZIP CODE			
ALIDDEVI	O O A EE LLAVEN	837 LYNI	HAVEN DRIVE				
AUBREY	S SAFE HAVEN	GASTON	IA, NC 28052				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	OF CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	COMPLETE DATE	
V 110	Continued From page 4		V 110				
	Interview on 4-4-25 w	vith client #1 revealed:					
		3-7-25) to self harm by some					
	girls (unknown) at scl						
		some girls at school. They					
		e and trying to get me to					
		e and that triggered me to					
	self harm. I went to th	ne hospital. They (hospital)					
sent me home, I didn't stay at the hospital."							
	-"It (3-11-25) was pretty much the same girls I						
	was having issues with. I hit the wall instead of						
	hitting one of them. No, it was just a little cut.						
They (nurse) wrapped it up. It wasn't broken or							
	anything. No I was able to calm myself and stay						
	in school."						
	Interview on 4-4-25 with client #3 revealed:						
	-"I don't remember th	e day I wasn't feeling well. I					
		ne. I just needed to lay down					
	for minute. I tried to	tell them (school staff) that					
	but they wouldn't listen to me." Interview on 4-4-25 and 4-7-25 with the ED revealed:						
	-"They (school staff) never called me (3-7-25), I						
	did not get one call from them (school) and they						
have my number, I'm the contact person. [clier		·					
		me (3-7-25) and informed					
me what was going on. She (guardian) told me that they were taking her (client #1) to the hospital. She (guardian) was the one that told me I didn't need to go to the hospital (with client #1).							
	She (guardian) said '[ED] you don't have to go to the hospital, I'll call you when she is discharged'						
		lled her (guardian) and told					
	_ ·	rging her (client #1) she					
	1	and I went to the hosptial					
	and picked her up."	and the term to the plant					
		ave to go the the hospital					
with her they chose to do that. She was taken to							

Division of Health Service Regulation

STATE FORM 6899 GB0B11 If continuation sheet 5 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL036-371		B. WING	B. WING		04/10/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, STA	TE, ZIP CODE		
AUBREY'	S SAFE HAVEN		AVEN DRIVE A, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 110	MHL036-371 PROVIDER OR SUPPLIER 837 LYNHAV GASTONIA, SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 110			

Division of Health Service Regulation

STATE FORM 6899 GB0B11 If continuation sheet 6 of 6