STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL0601499	B. WING		04/0	₹ <b>7/2025</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COLLAB	ORATIVE HOPE-SKY	VIFW	VIEW ROAD ITE, NC 282			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 000 INITIAL COMMENTS		V 000				
	An annual, complaint and follow up survey was completed on 4-7-25. The complaint was substantiated (Intake# NC00228303). Deficiencies were cited.					
	category: 10A NCA	sed for the following service C 27G .1700 Residential cure For Children Or				
		sed for 3 and has a current survey sample consisted of clients.				
V 132	G.S. 131E-256(G) I Allegations, & Prote		V 132			
	REGISTRY  (g) Health care faci Department is notifi health care personr unknown source, w any act listed in sub (which includes: a. Neglect or abus facility or a person of as defined by G.S. as defined by G.S. b. Misappropriatio in a health care fact (b) of this section in care services as de hospice services as are being provided.	lities shall ensure that the ded of all allegations against hel, including injuries of hich appear to be related to odivision (a)(1) of this section.  The of a resident in a healthcare to whom home care services 131E-136 or hospice services 131E-201 are being provided. In of the property of a resident dility, as defined in subsection accluding places where home fined by G.S. 131E-136 or a defined by G.S. 131E-201				
	healthcare facility.	n of the property of a  gs belonging to a health care  nt or client.				

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

TITLE (X6) DATE

MHL0601499  B. WING	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1101 SKYVIEW ROAD CHARLOTTE, NC 28208    X4) ID PREFIX   SUMMARY STATEMENT OF DEFICIENCIES   ID PREFIX   TAG   CROSS-REFERENCE OF O'HARLOTTE, NC 28208    X4) ID PREFIX   PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAG   PREFIX   TAG   CROSS-REFERENCE OF O'HAR-PROPRIATE   DEFICIENCY)    V 132   Continued From page 1   V 132     e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).   Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigation is in progress. The results of all investigation to the Department.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure Health Care Personnel Registry (HCPR) was notified of an allegation against facility staff, failed to protect the clients while the investigation was in process and failed to report the results of the investigation within five working days of the investigation within five working days of the investigation. The findings are:  Review on 3-17-25 of the North Carolina Incident Response Improvement System (IRIS) from December 1, 2024 to March 17, 2025 revealed:  - No documentation of a March 4, 2025 incident	,	0. 0020110		A. BUILDING:				
COLLABORATIVE HOPE-SKYVIEW  (X4) ID  SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 132  Continued From page 1  e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigation to the Department.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure Health Care Personnel Registry (HCPR) was notified of an allegation against facility staff, failed to protect the clients while the investigation was in process and failed to report the results of the investigation. The findings are:  Review on 3-17-25 of the North Carolina Incident Response Improvement System (IRIS) from December 1, 2024 to March 17, 2025 revealed: - No documentation of a March 4, 2025 incident			MHL0601499	B. WING		I		
(X4) D PREFIX TAG  (X4) D PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 132  Continued From page 1  e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure Health Care Personnel Registry (HCPR) was notified of an allegation against facility staff, failed to protect the clients while the investigation was in process and failed to report the results of the investigation. The findings are:  Review on 3-17-25 of the North Carolina Incident Response Improvement System (IRIS) from December 1, 2024 to March 17, 2025 revealed: - No documentation of a March 4, 2025 incident	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 132  Continued From page 1  e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).  Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigations must be reported to the Department within five working days of the initial notification to the Department.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure Health Care Personnel Registry (HCPR) was notified of an allegation against facility staff, failed to protect the clients while the investigation was in process and failed to report the results of the investigation. The findings are:  Review on 3-17-25 of the North Carolina Incident Response Improvement System (IRIS) from December 1, 2024 to March 17, 2025 revealed:  - No documentation of a March 4, 2025 incident	COLLAB	COLLABORATIVE HOPE-SKYVIEW						
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of staff #1 abusing client #2 by hitting client #2 in the nose causing client #2's nose to bleed and of staff #1 forcing client #2 to exercise by running in the facility backyard until client #2 was at the point of exhaustion then forcing client #2 to crawl on his stomach, arms and knees across the backyard causing scrapes and scratches to the back of client #2's forearms.  Review on 3-21-25 of the facility's incident reports from December 1, 2024, to March 17, 2025 revealed: Incident Report: dated 3-4-25, 4:30pm, signed by staff #3: Client name [client #2]; "Incident Description- At 4:30 on March 4, 2025. [client #2] came down the hall after being in a	V 132	e. Fraud against a a patient or client for providing services) Facilities must have acts are investigated to protect residents investigation is in provestigation in provestigation in provestigation in provestigation in the control of the control	a health care facility or against or whom the employee is are evidence that all alleged and must make every effort a from harm while the rogress. The results of all the reported to the five working days of the initial pepartment.  Let as evidenced by: Leview and interview, the facility alth Care Personnel Registry and of an allegation against to protect the clients while the process and failed to report evestigation within five working pation. The findings are:  Let as evidenced by: Leview and interview, the facility alth Care Personnel Registry and of an allegation against to protect the clients while the process and failed to report evestigation within five working pation. The findings are:  Let as evidenced by:	V 132				

Division of Health Service Regulation

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Division	Division of Health Service Regulation							
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY		
		MHL0601499	B. WING		04/0	R 1 <b>7/2025</b>		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
COLLAB	ORATIVE HOPE-SKY	VIFW	VIEW ROAD ITE, NC 282					
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE		
V 132	Continued From pa	ge 2	V 132					
	(staff # 3) that [staff causing it to bleed. Immediate action to tissue and instructe I gave [client #2] tis had him tilt his head [Operations Manag-Incident Report: dastaff #1: Client nam-"Incident Description to go + check on [client #2] bus with a belt + his to hit him if he did nowarned [client #2] if fighting he would had consequence. Immediately staff #1) had sat + about his numerous Staff saw the client bleeding during commultiple staff (staff facility). [client #2] jubleed after causing nose. Person Notific 7pm."	ated 3-4-25, 6:00pm, signed by the [client #2]; on- Staff (staff #1) was called lient #2] because of his I had beat on a little girl on the sign shoes because she threaten not move. Staff (staff #1) If he has another incident of						
	with Client #1 revea -Staff has never got get in trouble." but h physical with client: -"[Client #2] got hor reported a behavior while on the bus 3-4 upset."	aled: tten physical with him. "I don't he has witnessed staff #1 get #2. me from school. They (school) r (client #2 hit a fellow student 4-25) and staff (staff #1) was						
		e of client #1's behavior (hitting in the bus on 3-4-25, staff #1						

made client #2 do "work outs" which consisted of

STATE FORM 6899 If continuation sheet 3 of 39 UZJQ11

NAME OF PROVIDER OR SUPPLIER  COLLABORATIVE HOPE-SKYVIEW  TAG  SUMMARY STATEMENT OF DEFICIENCIES.  (EACH DEFICIENCY MUST BE PRECEDED BY PLUI. TAG  TAG  V 132  Continued From page 3  running back and forth in the backyard. "He (staff #1) was trying to use consequences (making client #2 run laps in the backyard) and the peer (client #2) wasn't listening to staff (staff #1), so staff forced him (client #2) to crawl up the hill, over the rocks and dirt and stuff (grass). I mean he (client #2) wasn't listening to staff (staff #1), so staff forced him (client #2) to crawl up the hill, over the rocks and dirt and stuff (grass). I mean he (client #2) wasn't listening to staff (staff #1), so staff forced him (client #2) to crawl up the hill, over the rocks and dirt and stuff (grass). I mean he (client #2) wasn't listening to staff (staff #1), so staff forced him (client #2) to crawl up the hill, over the rocks and dirt and stuff (grass). I mean he (client #1) was to do work outs."  "No that was not the first time (work outs were used as a punishment). They (staff) all do it, it's a consequence (to negative behavior).  -Client #1 went outside and began to exercises with client #2 be encourage client #2 because client #2 was struggling with doing the exercises.  "So, af first, I was just watching, [client #2] was running but then he (staff #1) kept yelling and cursing at [client #2]. He (client #2) was saying he couldn't do it (the exercises), he couldn't breathe.  He (client #2) was saying stuff to him (client #2), yelling for him to get up and keep running, [client #2), yelling for him to get up and keep running, [client #2), yelling for him to get up and keep running, [client #2], yelling for him to get up and keep running, [client #2], yelling for him to get up and keep running, [client #2], yelling for him to get up and keep running, [client #2], yelling for him to get up and keep running, [client #2], yelling for him to get up and keep running, [client #2], yelling for him to get up and keep running to get yellow to	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1101 SKYVIEW ROAD CHARLOTTE, NC 28208  (X4) ID (X4) ID (X4) ID (EACH DEPRICENCY MUST BE PRECEDED BY PLULT TAG  V 132  Continued From page 3  running back and forth in the backyard.  "He (staff #1) was trying to use consequences (making client #2 run laps in the backyard) and the peer (client #2) wasn't listening to staff (staff #1), so staff forced him (client #2) to crawl up the hill, over the rocks and dirt and stuff (grass). I mean he (client #1) was on punishment and the punishment was to do work outs."  "No that was not the first time (work outs were used as a punishment). "They (staff) all do it, it's a consequence (to negative behavior).  -Client #1 went outside and began to exercise with client #2 to encourage client #2 because client #2 was struggling with doing the exercises.  -"So, at first, I was inside (the facility), then I heard him (staff #1) yelling (at client #2) so I went outside. At first, I was just watching, [client #2] was running but then he (staff #1) keep tryelling and cursing at [client #2). He (client #2) was saying he couldn't do it (the exercises), he couldn't breathe, He (client #2) was telling him (staff #1) he needed to stop and rest and [staff #1] was like mocking him. Saying, "OOH, I need to rest (staff #1 was mocking client #2 in a whiny crying voice)."  "So then I went back in the house (facility) and I put my shoes and socks on and went back outside and he (client #2) wasn't instead him how to do it."  -"I did it because I wanted to. I wasn't on punishment. I was trying to help [client #2] out.				A. BUILDING	A. BUILDING.			
COLLABORATIVE HOPE-SKYVIEW    (X4) ID			MHL0601499	B. WING	B. WING		04/07/2025	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 132  Continued From page 3  running back and forth in the backyard"He (staff #1) was trying to use consequences (making client #2) run laps in the backyard) and the peer (client #2) wasn't iistening to staff (staff #1), so staff forced him (client #2) to craw lup the hill, over the rocks and dirt and stuff (grass). I mean he (client #1) was on punishment and the punishment was to do work outs."  -"No that was not the first time (work outs were used as a punishment). "They (staff) all do it, it's a consequence (to negative behavior).  -Client #1 went outside and began to exercise with client #2 to encourage client #2 because client #2 because client #2 because client #2 because client #2 was struggling with doing the exercises.  -"So, at first, I was just watching. [client #2] was running but then he (staff #1) kept yelling and cursing at [client #2]. He (client #2) was saying he couldn't breathe. He (client #2) was saying stuff to him (client #2), yelling for him to get up and keep running, [client #2] was ling fif #1) he needed to stop and rest and [staff #1) he needed to stop and rest and [staff #1] he needed to stop and rest and [staff #1] he needed to stop and rest and [staff #1] he needed to stop and rest and [staff #1] he needed to stop and rest and [staff #1] he needed to stop and rest and [staff #1] he needed to stop and rest and [staff #1] he needed to stop and rest and [staff #1] hes like mocking him. Saying, 'OOH, I need to rest' (staff #1 was mocking client #2) and client #2) was on the ground crawling so I got down there (on the ground) with [client #2] and crawled with him. To show him how to do it."  -"I did it because I wanted to I wasn't on punishment. I was trying to help [client #2] out.	NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE			
CAJID   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   (EACH DEFICIENCY MUST de PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG    V 132   Continued From page 3   V 132   V	COLLAB	ORATIVE HOPE-SKY	VIFW					
PRÉFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  V 132  Continued From page 3  running back and forth in the backyard.  -"He (staff #1) was trying to use consequences (making client #2 run laps in the backyard) and the peer (client #2) wasn't listening to staff (staff #1), so staff forced him (client #2) to crawl up the hill, over the rocks and dirt and stuff (grass). I mean he (client #1) was on punishment and the punishment was to do work outs."  -"No that was not the first time (work outs were used as a punishment). "They (staff) all do it, it's a consequence (to negative behavior).  -Client #1 went outside and began to exercise with client #2 to encourage client #2 because client #2 was struggling with doing the exercises.  -"So, at first, I was just watching, [client #2] was running but then he (staff #1) yelling (at client #2) was to went outside. At first, I was just watching, [client #2] was running but then he (staff #1) kept yelling and cursing at [client #2]. He (client #2) was saying he couldn't do it (the exercises), he couldn't breathe. He (client #2) would stop (running) and kind of fall to the ground.  -"He (staff #1) was saying stuff to him (client #2), yelling for him to get up and keep running, [client #2], was lelling him (staff #1) he needed to stop and rest and [staff #1] he needed to stop and rest and [staff #1] he needed to stop and rest and staff #1] was like mocking him. Saying, OOH, I need to rest (staff #1 was mocking client #2 in a whiny crying voice)."  -"So then I went back in the house (facility) and I put my shoes and socks on and went back outside and he (client #2) was on the ground crawling so I got down there (on the ground) with [client #2] and crawled with him. To show him how to do it."  -"I did it because I wanted to . I wasn't on punishment. I was trying to help [client #2] out.			CHAR	LOTTE, NC 282	208			
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punishment. I was trying to help [client #2] out.		running back and for "He (staff #1) was (making client #2 ruthe peer (client #2) #1), so staff forced hill, over the rocks amean he (client #1) punishment was to -"No that was not the used as a punishment a consequence (to -Client #1 went outs with client #2 to end client #2 was strugger"So, at first, I was heard him (staff #1 outside. At first, I was running but the cursing at [client #2 couldn't do it (the election He (staff #1) was yelling for him to get #2] was telling him and rest and [staff saying, 'OOH, I neem mocking client #2 in -"So then I went baput my shoes and so outside and he (clied crawling so I got do [client #2] and crawhow to do it."	orth in the backyard. trying to use consequences un laps in the backyard) and wasn't listening to staff (staf him (client #2) to crawl up the and dirt and stuff (grass). I ) was on punishment and the do work outs." he first time (work outs were ent). "They (staff) all do it, it' negative behavior). side and began to exercise courage client #2 because gling with doing the exercise inside (the facility), then I ) yelling (at client #2) so I we was just watching. [client #2] en he (staff #1) kept yelling at 2]. He (client #2) was saying exercises), he couldn't breath d stop (running) and kind of saying stuff to him (client #2 et up and keep running. [client (staff #1) he needed to stop #1] was like mocking him. ed to rest' (staff #1 was n a whiny crying voice)." sock in the house (facility) and socks on and went back ent #2) was on the ground own there (on the ground) will yield with him. To show him	fine s s s. ent ind he e. fall				
-"Yeah, he (staff #1) was cursing (at client #2)." -"Why? What difference does it make (what the exact curse words were)? They (staff) all do (curse around clients)."		punishment. I was t -"Yeah, he (staff #1 -"Why? What differ exact curse words	trying to help [client #2] out. ) was cursing (at client #2)." rence does it make (what the were)? They (staff) all do					

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		A. BUILDING:			Б	
	MHL0601499	B. WING			R <b>07/2025</b>	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
COLLABORATIVE HOPE-SKY	VIFW	VIEW ROAD TTE, NC 282				
PRÉFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
present in the facilit on 3-4-25 but failed -"Yeah, the two that #3) were here (staff incident on 3-4-25). weren't doing anyth 'why is he doing that exercise) and stuff I -"I think it (the exercise) and stuff I -"I think it (the exercise) and stuff I -"I think it (the exercises) and stuff I -"I hast were a altercation)."  -"He (staff #1) has sinappropriate. Like (exercises). He (staff (laps) up and down I can't hardly do one yard)."  -"I have asthma. I u asthma) but I don't and I stopped running the your 'a*s back he 'man I can't breathe breath."  -"He (staff#1) was comove your fat a*s' a up, get up."  -"If you (clients) don he (staff #1) gives u don't get up he grab our shirts. Yeah, he was yelling at me to -Client #2 gestured his shirt and making -"He (staff #1) threw	aff #2 and staff #3) were y and witnessed the incident to intervene. are in there now (staff #2 and £ #2 and staff #3 witnessed the They (staff #2 and staff #3) ing, they were just saying like, it (making client #2 to like that." cise) stopped when [Associate Ime. I don't know, he just leck on things."  5 with client #2 revealed: ek me and him got into it (had some consequences that are the makes us do football drills iff #1) makes us (clients) run the yard. I can't do that (run). It is of those (one lap in the se to have an inhaler (for anymore. I couldn't breathe ing. He yelled at me and said itere.' I told him (staff #1), is. I'm trying to catch my cursing at me, 'get your a*s up, and yelling, telling me to get in the se our shirt and pulls us up by the grabbed me like 3 times and	V 132				

Division of Health Service Regulation

STATE FORM 6899 UZJQ11 If continuation sheet 5 of 39

	(1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		D WING		F	
	MHL0601499	B. WING		04/0	7/2025
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COLLABORATIVE HOPE-SKYVII	FW The state of th	VIEW ROAD			
	CHARLO	TTE, NC 282	208		
PREFIX (EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL 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 132 Continued From page	Continued From page 5				
-[Staff #3] was out the was like 'OOH,' becauthrow me on the groun-"Yes, I'm scared of his safe with him." -"The other staff are owith any of the other series and I'm tired of picking me up from said I'm tired of picking me up from said I'm tired of picking Interview on 3/17/25 v-Staff #1 had gotten picking the staff #1) pushed across the ground. I divice, a lot of times. I [client #2]. " -He (staff #1) made [chim bleed too. On his -"He (client #2) had gotten for beauth in do exercise and [(exercise)." -Clients were forced to punishment for bad be -"Yeah, all the time (si as punishment). No, colients exercise as purishment in the staff exercise as punishment. It is a punishment in the staff exercise as punishment. It is a punishment in the staff exercise as punishment. All the time exercise as punishment. All the time exercise as punishment.	ere (in the backyard). She use she seen him (staff #1) nd." im (staff #1). No I don't feel ok. I don't have a problem staff, just [staff #1]." e (admitted to the facility), f #1) got along good. I was a (in school) and he got tired a school. He told me, he ag your ass up every day." with client #3 revealed: whysical with him (unknown and dragged me don't know twice, more than No, I didn't cry, that was client #2] cry and he made as lip and his nose. of in trouble at school and him. He (staff #1) made client #2] didn't want to o do exercise as a ehavior. taff #1 makes them exercise only [staff #], (makes the unishment). back and forth (in the yard), of on the ground until he tells ow, for a long time. Like #1 makes the clients e (clients are forced to				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,	o. cozo		A. BUILDING	:		
		MHL0601499	B. WING			२ 07/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE		
COLLAB	ORATIVE HOPE-SKY	WIFW	KYVIEW ROAD OTTE, NC 28			
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 132	"-[Staff #2] and [stacame." -"I don't know (whabecause [AP] came stop."  Interview on 3-17-2-Worked one on onwas notified via the #2 had gotten into the being defiant with the #3)"I was called to the (client #2), basically assist staff #2 and staff. He (client #2 cursing and going the staff. He (client he is supposed to bucking up (being ostaff #3) trying to pl" -"So I get there (fact but he was more on he is in trouble (bed peer on the bus). Vidoesn't typically do a male staff there. talk to him. I figure process with him. I basically didn't reall a way (a protocol). outside, and they he they do like football pushups and laps at them air so they call	aff #3] was here, and [AP] at made staff #1 stop), I think a and made him (staff #1)  25 with Staff #1 revealed: he with client #2. On 3-4-25 he a faciliy's group chat that client trouble in school and was he staff on shift (staff #2 and he group home (facility) for his y a reinforcement, like help (the staff #3)"  #2) got home (facility) he was back and forth (arguing) with he #2) doesn't want to do what do (afternoon routine). He's defiant) at staff (staff #2 and lay hard with the female staff cility), he (client #2) was upse he what he is told unless there what he is told unless there So me being the male staff, out what's wrong with him, I he tried to sit down with him. He ly want to listen. So we, I ha I tell them (clients) to go have to exercise were basical I drills, you know normal and stuff like that, just to give an calm down. So that they	o st.	DEFICIENCY		
	day. And prior, (be	else to mess up the rest of the efore client #2 went outside to 's] nose had started bleeding				

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NTIFICATION NUMBER:		E CONSTRUCTION		SURVEY LETED
IHL0601499	B. WING		R <b>04/07/2025</b>	
	DESS CITY S	TATE ZID CODE	1 0470	172020
	_			
			ON	()(5)
PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE
	V 132			
re that he was all 3) got him back in bleeding again. I ned his nose up and After that it was really in (client #2) just doing appened that day. I leeding as he was a excessive nose appened before he athroom, or snuck off I dug in his nose and en he came back the that his nose was want to do the I clean him up and I in do this or do that, and it is and de and doing the ative which was a just became lazy and after that. He started the me, wants to go here, ust complaining back the couldn't breath."  I "No, Ma'am, I have a father where I have a father where I have a feakative, I'm loud in o it wasn't that I was ust have a loud voice.	V 132			
	1101 SKY	STREET ADDRESS, CITY, S  1101 SKYVIEW ROAD CHARLOTTE, NC 282  OF DEFICIENCIES E PRECEDED BY FULL IFYING INFORMATION)  Up (cleaned up re that he was all 3) got him back n bleeding again. I nned his nose up and After that it was really n (client #2) just doing appened that day. eleeding as he was s excessive nose him to have nose appened before he athroom, or snuck off d dug in his nose and en he came back the that his nose was want to do the If clean him up and I r do this or do that, and e and doing the attive which was elped him get cleaned de sure everything was I just became lazy and after that. He started me, wants to go here, ust complaining back  he couldn't breath."  2. "No, Ma'am, I have a father where I have	STREET ADDRESS, CITY, STATE, ZIP CODE  1101 SKYVIEW ROAD CHARLOTTE, NC 28208  OF DEFICIENCIES E PRECEDED BY FULL IFYING INFORMATION)  IPYING INFORMATION  V 132  Up (cleaned up re that he was all 3) got him back n bleeding again. I ned his nose up and After that it was really n (client #2) just doing appened that day. Deeding as he was s excessive nose him to have nose appened before he throom, or snuck off I dug in his nose and en he came back the that his nose was want to do the I clean him up and I r do this or do that, and e and doing the tive which was elped him get cleaned de sure everything was I just became lazy and after that. He started me, wants to go here, ust complaining back he couldn't breath." 2.  "No, Ma'am, I have a father where I have a reakative, I'm loud in oi twasn't that I was ust have a loud voice. gg client #2 from the	STREET ADDRESS, CITY, STATE, ZIP CODE  1101 SKYVIEW ROAD CHARLOTTE, NC 28208  OF DEFICIENCIES PRECEDED BY FULL PIVING INFORMATION)  Up (cleaned up re that he was all 3) got him back n bleeding again. I ned his nose up and After that it was really n (client #2) just doing pepened that day, leeding as he was s excessive nose him to have nose appened before he throom, or snuck off id dug in his nose and en he came back the that his nose was want to do the I clean him up and I r do this or do that, and e and doing the titive which was  elped him get cleaned de sure everything was [1 just became lazy and after that. He started me, wants to go here, ust complaining back he couldn't breath." 2. "No, Ma'am, I have a father where I have a beakative, I'm loud in to it wasn't that I was ust have a loud voice.  Ig client #2 from the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION (A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601499	B. WING	B. WING		R <b>07/2025</b>
NAME OF I	PROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY	, STATE, ZIP CODE		
COLLAB	ORATIVE HOPE-SKY	VIEW 1101	SKYVIEW ROA	D		
COLLAB	ORALIVE HUPE-SKT	CHA	RLOTTE, NC 28	3208		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 132	ma'am, when he ke him back up, makin up because he wou and I didn't want hir dirty so I would help -"He was on the grocry and roll around do that.' 'You are g would help him up t staying on the grou exercise."  -Denied forcing clie on his hands, kneed on his hands, kneed (clients) run, they could the yard), and he (count of the yard), and he (count of the yard), and he (count of the yard). They (client #2). They (client #2). They (client #2). They (client #3). It has a count the situation. #3) did it (running a situation was a count of the yard).	ept falling over I was helping sure he would stand bacted just lay down on the grown to lay down there and become to him back up."  Sound in the grass. He would and I would tell him 'you coing to hurt yourself,' and because he would insist or and to prevent from doing to the yound to prevent from doing the the yound the years.	ck bund e  Id an't I he vard deey th (in with with e e er lient em.			
	-"Yes, I used the ex to his (client #2) bel for his behaviors pr	ercise as a consequence havior at school (3-4-25) a ior to that day too and yes	due ind			
	(staff #2 and staff # that day that was al -"[Client #2] never eso that he didn't wa because at first he saying how tough h I can handle it,' and there, he got windedidn't want to do it (	so having trouble with the side of the sid	shift) lore nore. got it, ut			

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	of Fleatiff Service IN		ı		1	-
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` ′	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					R	
		MHL0601499	B. WING		1	7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
			VIEW ROAD	,		
COLLAB	COLLABORATIVE HOPE-SKYVIEW					
			TTE, NC 282			
(X4) ID	-	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
		·		DEFICIENCY)		
\/ 132	Continued From pa	ge 0	V 132			
V 102	·		V 102			
	itbasically coachi	ng him."				
	Interview on 3-17-2	5 with Staff #2 revealed:				
		at approximately 2:30pm on				
		me in I went straight to the				
	office to count the r	ned (medications)"				
	-"I was standing at	the desk counting the meds				
		see him (client #2) run past the				
	window. I didn't think anything about it, they do exercise sometimes, that's not uncommon." -"When I finished (counting the meds), I came					
		k I was going to let [staff #3]				
		start dinner and she wasn't in				
		er (staff #3) out back so I				
		see what was going on. When				
		client #2) was running up and				
		nothing inappropriate. When I				
		he was just running back and				
		him to move a little bit faster."				
		led or cursed at client #2.				
		m (staff #1) curse. His voice				
		cause we (staff #1,#2, #3 and				
		side and [client #2] was e was a little loud but I wouldn't				
	say he was yelling."					
	, , , , ,	f #1 put his hands on client				
		e anything like that. The only				
		ere was some blood on the				
	,	'oh he (client #2) must have				
		eed.' Yeah it was a lot of				
	blood. He has nosebleeds. He had had a nosebleed earlier (3-4-25). I went back in the house (facility) and got some bleach and came					
		staff #3] cleaned up the blood.				
		the blood I came back inside				
		are dinner. I didn't go back				
	outside after that."	3				
	-"No, I wasn't conce	erned because I really didn't				
	see anything."	•				
	-I started my shift a	t 2:30 and they were already				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED			
ANDILAN	OF CONTROL OF THE STATE OF THE	IDENTIFIC	ATION NOWBER.	A. BUILDING:				
		MHLO	601499	B. WING			R <b>07/2025</b>	
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
COLLAB	ORATIVE HOPE-SKY	\/IE\W/	1101 SKY	VIEW ROAD	)			
COLLAD	OKATIVE HOPE-SKI	VILVV	CHARLO	TTE, NC 282	208			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
V 132	Continued From partial out there (staff #1 at the backyard). The right at dinner time, because as soon at able and sat down dinner between 5 properties and 5:30 pm that solution - "[Staff #1] had him guess talking to him school that day. The minutes."  -"I was coming down office and [client #2 bedroom. He had lown we were passing easid '[staff #3], [stamade my nose blee thought to myself, of [staff #1] hit you, remaking something and had him sit down and told him to hold bleeding a lot. It to bleeding. I rememble tissue and giving him to stop bleeding."  -"After his nose stoh him outside. He mouldn't run any lor -"So he made him sat the top of a slight facility) and he ran neighbor's yard (ap -"He (client #2) didnerties and signification of the stop of a slight facility) and he ran neighbor's yard (ap -"He (client #2) didnerties and significant particular than the stop of a slight facility) and he ran neighbor's yard (ap -"He (client #2) didnerties and significant particular than the stop of a slight facility) and he ran neighbor's yard (ap -"He (client #2) didnerties and significant particular than the stop of a slight facility) and he ran neighbor's yard (ap -"He (client #2) didnerties and significant particular than the stop of a slight facility) and he ran neighbor's yard (ap -"He (client #2) didnerties and significant particular than the stop of a slight facility) and he ran neighbor's yard (ap -"He (client #2) didnerties and significant particular than the stop of a slight facility) and he ran neighbor's yard (ap -"He (client #2) didnerties and significant particular than the sound particular than the stop of a slight facility and he ran neighbor's yard (ap -"He (client #2) didnerties and significant particular than the stop of a slight facility and he ran neighbor's yard (ap -"He (client #2) didnerties and significant particular than the stop of a slight facility and the significant	and client #2 by came back Yeah it was s he came in and ate dinn m and 6pm. day (3-4-25). dege of any of ther client.  So with Staff # (client #2) in about what ey were in th  In the hallway by was coming his hand ove ach other in the fif #1] hit me ed.' When he on [client #2], ally?' I though up. I took hin wn. I gave hid his head ba ok a while for ber I had to k m tissue befor pped bleedin ade him run ager, he mad start at the to the to the bottom proximately	c in the house at dinner he came to the ler. We eat I think it was "other staff being the staf	V 132				
	was complaining. I say he couldn't bre							

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					F	₹
		MHL0601499	B. WING			7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
COLLAB	ODATIVE HODE SKY	1101 SKY	VIEW ROAD			
COLLAB	ORATIVE HOPE-SKY	CHARLO1	TTE, NC 282	08		
(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 APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 132	Continued From page 11		V 132			
	-Yes, he was yelling running. No, I didn'telling him to keep runling. It wasn't out there and out. It was har there long and water and out. It was har there long and water and out. It was har there long and water and was consumer the rocks and arms. It was a scratches and scratches	I] pulled him up by his shirt." I, telling him (client #2) to keep thear him curse. He was just running. " The whole time. I kept going in do watch. I couldn't stay out the it. He was struggling." Tient #2) stopped and couldn't staff #1) made him crawl. Yeah in the grass, the dirt, sticks and things in the yard." The blood on his arms and some poes on the back of his fore The staff #1 and client #2). The sources staff] the following day				
	-Came by the facilit duties. "I was just of the clients were doi When I got out of the driveway I heard #2]. I don't know if he was talking very because we are in a neighborhood, its queighbors to get conothing like that. Yok know this is a group want there to be an back and just told heard some, you are talking-[Client #2] was run be in any sort of dis He wasn't having an anything. At one possible was a sould be the some of the sould be the s	5 with the AP revealed: y on 3-4-25 as part of his hecking on things, seeing how ng, checking on the staff. he car and as I was coming up d [staff #1] talking to [client I would say he was yelling, but loud. I was concerned he neighborhood. It's an older uite so I didn't want the hencerned and call the police or but know, they (neighbors) ho home (facility), I just didn't hy issues. So, I went to the him, 'hey man lower your voice high too loud." hing. No, he didn't appear to heress. He wasn't complaining. hy issues breathing or hint he came up to me and had something on his face				

			()(0) 144 11 71701	F CONCERNATION	LOVON BATE	OLIDA (EX
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
			B. WING		F	
		MHL0601499	B. WINO		04/0	7/2025
NAME OF PRO	OVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COLLABOR	RATIVE HOPE-SKY	VIFW	VIEW ROAD			
		CHARLO	TTE, NC 282	08		
(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 APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 132 C	Continued From page	ge 12	V 132			
a Halis c#low Iro ? a? () so "that" v3 bho#la e reir Ire?	nd nose, and I ask le said he had a no fter that." No to his knowledges with any of the omplained about [staff #1]." No, no one (staff #1]." No, no one (staff #1] oncern regarding [was there.  Interviews on 3-17-20 (alified Profession She was informed pproximately a weeks a called the Chie CEO) immediately on of the CEO and operations/License of the called him in [stane incident. He dealed him to write me layes, he was suspended in the called him to write me layes, he was suspended in the called him to write me layes, he was suspended in the facility), ould not be here. He called him to receive sof 3-17-25.  CEO/Licensee and desponsible for compressing the compression.	ge staff #1 had not had any he clients. "No, they never staff #1]. They all loved [staff 2 or staff #3) expressed any staff #1] or [client #2] while he 25 and 3-21-25 with the hal (QP) revealed: of the 3-4-25 incident ek later on 3-13-25. Fe Executive Officer/Licensee as the accused staff is the I Director of e (DO). Iff #1] and asked him about nied anything happened and I	V 132			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7. BOILDING.			₹
		MHL0601499	B. WING			7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
COLLAB	ORATIVE HOPE-SKY	VIFW	VIEW ROAD TE, NC 282			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
V 132	Continued From pa	ge 13	V 132			
	coming to me and to and then the next of and then she (QP) to that staff #1 had abknows that [staff #1 So, in order to keep told [QP] that she would needed to do what investigation). She (3-14-25) and we (Good interviewed him. However the did to the state of the st	relling me about the situation ay you all showed up." old me about it (the allegation bused client #2), everyone ] is my son, that is no secret. It everything on the up and up I was the supervisor so she she needed to do (start an (QP) brought him (staff #1) in QP and CEO/Licensee) both e told us his side of the story. Ind knowing the person that he do not touch that kid (client #2). Iff #1]. All these kids (clients)  The e and QP), did suspend him, you (3-14-25) that he could not gray longer." The eporting to HCPR or North the esponse Improvement System thing happened, we were mg, a rumor. This is his tration. I'm not going to put gristry over something that  That you had to report the at that you reported it after it				
V 366	27G .0603 Incident	Response Requirements	V 366			
	implement written presponse to level I, shall require the pro	JIREMENTS FOR				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				F		
	MHL0601499	B. WING		04/0	7/2025	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
COLLABORATIVE HOPE-SKYVII	FW	VIEW ROAD TTE, NC 282				
PREFIX (EACH DEFICIENCY M	MENT OF DEFICIENCIES IUST BE PRECEDED BY FULL 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	
(3) developing a measures according to timeframes not to except to prevent similar incides pecified timeframes (5) assigning performed implementation of preventive measures; (6) adhering to set forth in G.S. 75, A 42 CFR Parts 2 and 3 164; and (7) maintaining Subparagraphs (a)(1) (b) In addition to the reparagraph (a) of this I shall address incident regulations in 42 CFR (c) In addition to the regulations in 42 CFR (c) In addition to the reparagraph (a) of this I providers, excluding I develop and implement their response to a lew while the provider is dor while the client is on the policies shall requipe to the policies shall requipe to the provider is dor while the client is on the policies shall requipe to the po	d in the incident; the cause of the incident; and implementing corrective to provider specified ceed 45 days; and implementing measures dents according to provider not to exceed 45 days; erson(s) to be responsible the corrections and; confidentiality requirements article 2A, 10A NCAC 26B, and 45 CFR Parts 160 and documentation regarding through (a)(6) of this Rule. requirements set forth in Rule, ICF/MR providers as required by the federal R Part 483 Subpart I. requirements set forth in Rule, Category A and B CF/MR providers, shall ent written policies governing vel III incident that occurs delivering a billable service on the provider's premises. uire the provider to respond a securing the client record e client record;	V 366	DETIGIENCI)			

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NAME OF PROVIDER OR SUPPLIER  COLLABORATIVE HOPE-SKYVIEW  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE  TAGE  TOUR TO THE PROVIDER OR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 366  Continued From page 15  Internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the activities as follows:  (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;  (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
NAME OF PROVIDER OR SUPPLIER  COLLABORATIVE HOPE-SKYVIEW  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE DATE)  V 366  Continued From page 15 (Services at the time of the incident and who were not responsible for the client's direct care or with direct professional oversight of the activities as follows:  (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;  (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of fact shall be sent to the							
COLLABORATIVE HOPE-SKYVIEW  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 366  Continued From page 15  internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:  (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;  (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the			MHL0601499	B. WING		04/0	07/2025
COLLABORATIVE HOPE-SKYVIEW  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 366  Continued From page 15  internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:  (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;  (B) gather other information needed;  (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 366 Continued From page 15 (and the incident and who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the activities as follows:  (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;  (B) gather other information needed;  (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the	COLLAR	RORATIVE HOPE-SKY	VIEW 1101 SKY	VIEW ROAD			
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 366  Continued From page 15  internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:  (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;  (B) gather other information needed;  (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the	OOLLAL	SONATIVE HOLE-ONT	CHARLO	TTE, NC 282	208		
internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:  (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;  (B) gather other information needed;  (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	I SHOULD BE	COMPLETE
who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:  (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;  (B) gather other information needed;  (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the	V 366	Continued From pa	ge 15	V 366			
LME in whose catchment area the provider is located and to the LME where the client resides, if different; and  (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and  (3) immediately notifying the following:  (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;  (B) the LME where the client resides, if different;	V 366	internal review team who were not involve were not responsible with direct professions services at the time review team shall confollows:  (A) review the determine the facts and make recommon occurrence of future (B) gather off (C) issue writh within five working opreliminary findings LME in whose catcle located and to the Lift different; and (D) issue a find owner within three off in the lift within the lift different area the LME where the clie final written reports identified by the interior include all public do incident, and shall reminimizing the occur all documents need available within three LME may give the public documents need available within three LME may give the public documents to subtend the LME may give the public documents to subtend the LME may give the public documents to subtend the LME may give the public documents need available within three LME may give the public documents to subtend the LME may give the public documents to subtend the LME may give the public documents to subtend the LME may give the public documents to subtend the LME may give the public documents to subtend the LME may give the public documents to subtend the LME may give the public documents to subtend the LME may give the public documents to subtend the LME may give the public documents to subtend the LME may give the public documents to subtend the LME may give the public documents to subtend the LME may give the public documents to subtend the LME may give the public documents to subtend the LME may give the public documents the	n shall consist of individuals yed in the incident and who le for the client's direct care or onal oversight of the client's of the incident. The internal omplete all of the activities as a copy of the client record to and causes of the incident endations for minimizing the endations for minimizing the endations for minimizing the endations for minimizing of fact days of the incident. The of fact shall be sent to the ment area the provider is all written report signed by the months of the incident. The sent to the LME in whose provider is located and to the int resides, if different. The shall address the issues ernal review team, shall ocuments pertinent to the make recommendations for arrence of future incidents. If led for the report are not be months of the incident, the provider an extension of up to omit the final report; and ely notifying the following: esponsible for the catchment vices are provided pursuant to	V 366			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
		MHL0601499	B. WING			R <b>07/2025</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
COLLAR	SORATIVE HOPE-SKY	VIEW 1101 SKY	VIEW ROAD			
COLLAD	OKATIVE HOPE-SKT	CHARLO	TTE, NC 282	08		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 366	Continued From pa	ge 16	V 366			
	treatment plan, if di provider; (D) the Depar (E) the client' applicable; and	updating the client's  fferent from the reporting  tment; s legal guardian, as  authorities required by law.				
	facility failed to impligoverning their resplications are:  Review on 3-17-25 Response Improved December 1, 2024, - No level II incident	et as evidenced by: view and interviews, the lement written policies conse to level II incidents. The of the North Carolina Incident ment System (IRIS) from to March 17, 2025 revealed: t report for 3-4-25 that 1 forcing client #2 to run the				
	length of the backya then forcing client # stomach and knees	ard to the point of exhaustion 2 crawl on his hands, across the yard causing hes on the back of his				
	December 1, 2024, -No documentation involving client #2 h -Attend to the healtl individual involved i -Determine the cau -Develop and imple					

Division of Health Service Regulation

STATE FORM UZJQ11 If continuation sheet 17 of 39

AND PLAN OF CORRECTION   IDENTIFICATION NUMBER:   A DUIL DING		(X3) DATE SURVEY COMPLETED
A. BUILDING:		
MHL0601499 B. WING		R <b>04/07/2025</b>
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STAT	ΓE, ZIP CODE	
COLLABORATIVE HOPE-SKYVIEW  1101 SKYVIEW ROAD CHARLOTTE, NC 28208		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
v 366  Continued From page 17  exceed 45 days.  -Develop and implement measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days.  -Assign person(s) to be responsible for implementation of the corrective and preventative measures.  Interview on 3-21-25 with the Qualified Professional (QP) revealed:  - "We (staff) didn't do incident reports for the nosebleeds. We will start documenting them (nosebleeds)."  - Staff that witnessed the incident completed the incident reports.  -Chief Executive Officer/Licensee (CEO) or Director of Operations/Licensee is responsible for reporting to IRIS.  Interview on 3-25-25 with the CEO/Licensee revealed:  -She was informed of the 3-4-25 incident by the QP but can't remember the exact date. "It was a day before you showed up. I remember [QP] coming to me and telling me about the situation and then the next day you all showed up (3-13-25).  -"No there was no reporting to the Health Care Personnel Registry or IRIS because nothing happened, we were looking into a nothing, a rumor. This is his (staff#1) livelihood, his reputation. I'm not going to put someone on the registry over something that can't be proved."  -"Well I didn't know that you had to report the allegation. I thought that you reported it after it was substantiated."  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.		

DIVISION	of Health Service Re	eguiation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
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COLLAB	ORATIVE HOPE-SKY	VIFW	TTE, NC 282			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
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V 367	Continued From pa	ge 18	V 367			
V 367	27G .0604 Incident	Reporting Requirements	V 367			
	40 A N.C.A.C. 07C. 06	204 INCIDENT				
	10A NCAC 27G .06 REPORTING REQ					
	CATEGORY A AND					
		B providers shall report all				
		cept deaths, that occur during				
		able services or while the				
		providers premises or level III				
	incidents and level	II deaths involving the clients				
		er rendered any service within				
		incident to the LME				
		catchment area where				
		ed within 72 hours of				
		the incident. The report shall				
		orm provided by the ort may be submitted via mail,				
		or encrypted electronic				
		shall include the following				
	information:	onan morado aro ronowing				
		provider contact and				
	identification inform					
	(2) client ider	ntification information;				
	(3) type of inc					
		n of incident;				
		the effort to determine the				
	cause of the incide					
		viduals or authorities notified				
	or responding.	P providers shall evaluin any				
		B providers shall explain any ete information. The provider				
		lated report to all required				
		the end of the next business				
	day whenever:	and street and more parameter				
		ler has reason to believe that				
	` '	d in the report may be				
		ing or otherwise unreliable; or				
	(2) the provid	ler obtains information				
	required on the inci	dent form that was previously				

DIVISION	of Health Service Re	guiation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		MHL0601499	B. WING		1	7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		1101 SKY	VIEW ROAD	•		
COLLAE	BORATIVE HOPE-SKY	VIEW	TTE, NC 282			
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 367	Continued From pa	ge 19	V 367			
	unavailable. (c) Category A and upon request by the obtained regarding (1) hospital reinformation; (2) reports by (3) the provio (d) Category A and of all level III incide Mental Health, Dev Substance Abuse Secoming aware of providers shall send incidents involving Health Service Reg becoming aware of client death within sor restraint, the profimmediately, as reconstructed and 10A NCA (e) Category A and report quarterly to the catchment area who The report shall be by the Secretary via include summary in (1) medication definition of a level (2) restrictive the definition of a level (3) searches (4) seizures (5) the total reincidents that occur (6) a statement of the control of the country of the country of the country of the country of the total reincidents that occur (6) a statement of the country of the	B providers shall submit, at LME, other information the incident, including: ecords including confidential of other authorities; and der's response to the incident. B providers shall send a copy not reports to the Division of elopmental Disabilities and dervices within 72 hours of the incident. Category A do a copy of all level III acclient death to the Division of ulation within 72 hours of the incident. In cases of the incident. In cases of the incident. In cases of the incident in cases of the incident. In cases of the incident in cases of the incident. In cases of the incident in cases of the incident. In cases of the incident in the late of the death pured by 10A NCAC 26C and 27E .0104(e)(18).  B providers shall send a she LME responsible for the ere services are provided. Submitted on a form provided a electronic means and shall formation as follows: In errors that do not meet the III or level III incident; interventions that do not meet evel II or level III incident; of a client or his living area; of client property or property in a client; number of level II and level III				

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE	SURVEY PLETED	
		A. BOILDING.				R
		MHL0601499	B. WING			)7/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COLLAB	ORATIVE HOPE-SKY	VIEW	VIEW ROAD TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 367	Continued From particles and (d) of this Richrough (4) of this Ric	ge 20 reria as set forth in Paragraphs (1) Paragraph.  et as evidenced by: view and interviews, the ort all critical incidents in the Improvement System (IRIS) I Management Entity are Organization (MCO) catchment areas where ided within 72 hours of the incident. The findings are:  of IRIS from December 1, 2025, revealed: report documenting the #3 hit client #2 in the nose nose to bleed on 3-4-25. report documenting the #1 made client #2 run in the nt of exhaustion, then staff #2 wl across the backyard on his d knees causing scrapes and ack of his forearms.	V 367		PROFNAIE	
	Professional (QP) r -Chief Executive Of Director of Operation reports.					

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COLLAB	ORATIVE HOPE-SKY	VIFW	VIEW ROAD TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLÉTE	
V 367	week after the incide-"No there was no repersonnel Registry happened, we were rumor. This is his (reputation. I'm not registry over someter"Well I didn't know allegation. I though was substantiated."	rare of the allegations about a dent (approximately 3-13-25). The porting to the Health Care or IRIS because nothing a looking into a nothing, a staff #1) livelihood, his going to put someone on the thing that can't be proved. That you had to report the not that you reported it after it that you deficiency and must	V 367			
V 500	10A NCAC 27D .01 RESTRICTIONS AI (a) The governing assures the implem G.S. 122C-65, and (b) The governing implement policy to (1) all instance abuse, neglect or ereported to the Couservices as specific G.S. 7A, Article 44; (2) procedure instituted in accordance when a meropresent serious risk Particular attention neuroleptic medica (c) In addition to the 10A NCAC 27E .01	body shall develop and assure that: ces of alleged or suspected exploitation of clients are unty Department of Social ed in G.S. 108A, Article 6 or and es and safeguards are ance with sound medical edication that is known to a to the client is prescribed.	V 500			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		   F	
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NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ITE, NC 282	PROVIDER'S PLAN OF CORRECTION	- N	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y 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 500	Continued From pa	ge 22	V 500			
	(1) any restri prohibited from use (2) in a 24-ho under which staff a the rights of a clien (d) If the governing restrictive intervent the restrictions of c 122C-62(b) and (d) identify: (1) the permiallowed restrictions (2) the individent the client; and (3) the due pinvoluntary client wrestrictive intervent (e) If restrictive intervent (e) If restrictive intervent (e) If restrictive intervent (e) If restrictive intervent (f) the designable has been trained at competence to use provide written authorized with the NCAC 27E .0104(e) (2) the designesponsible for reviinterventions; and (3) the estable appeal for the resource interventions.	ctive intervention that is within the facility; and our facility, the circumstances re prohibited from restricting t.  body allows the use of ions or if, in a 24-hour facility, lient rights specified in G.S. are allowed, the policy shall tted restrictive interventions or it dual responsible for informing rocess procedures for an ho refuses the use of ions.  erventions are allowed for use the governing body shall ment policy that assures abchapter 27E, Section .0100, anation of an individual, who had demonstrated the restrictive interventions, to norization for the use of ions when the original order is a total of 24 hours in the time limits specified in 10A				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` ′	E CONSTRUCTION		SURVEY PLETED
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		MHL0601499	B. WING		I	R 07/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COLLAB	ORATIVE HOPE-SKY	VIEW	VIEW ROAD ITE, NC 282			
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V 500	Continued From pa	ige 23	V 500			
	Based on record refacility failed to ensabuse were reported Social Services (DS Review on 3-21-25 revealed: -No documentation notification for the Swas abused by staticlient #2 to run in the exhaustion. Then sacross the backyar knees causing scraback of his forearm	et as evidenced by: eviews and interviews, the ure all incidents of alleged ed to the County Department of SS). The findings are: of the facility's record  to support County DSS 3-4-25 incident where client #2 if #1 when staff #1 forced he backyard to the point of taff #1 forced client #2 to crawl d on his hands, stomach and hipes and scratches on the less. Staff #2, staff #3 and the lonal failed to protect client #2 incident of abuse.				
	Improvement Syste -No documentation DSS regarding staf staff #1 forced clier the point of exhaus client # 2 to crawl a hands, stomach an scratches on the ba staff #3 and the AP the incident of abus Interview on 3-21-2 Professional (QP) r -The Chief Executiv Director of Operatio DSS of allegations Interview on 3-24-2	of a report made to the local of #1 abusing client #2 when the tackyard to tion. Then staff #2 forced cross the backyard on his d knees causing scrapes and tack of his forearms. Staff #2, failing to protect client during the se on 3-4-25.  25 with the Qualified revealed:  26 of the consideration of the consist responsible for notifying the second sec				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLE				
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	PROVIDER OR SUPPLIER  ORATIVE HOPE-SKY	VIEW 1101 SKY	VIEW ROAD	TATE, ZIP CODE		
CHARL			TTE, NC 282	08		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 500	day before you sho coming to me and t	ge 24  hber the exact date. "It was a wed up. I remember [QP] elling me about the situation ay you all showed up	V 500			
	-"No there was no r Personnel Registry happened, we were rumor. This is his ( reputation. I'm not registry over somet -"Well I didn't know	reporting to the Health Care or IRIS because nothing to looking into a nothing, a staff #1) livelihood, his going to put someone on the hing that can't be proved." that you had to report the at that you reported it after it				
V 512	10A NCAC 27D .03 HARM, ABUSE, NE (a) Employees sha abuse, neglect and with G.S. 122C-66. (b) Employees sha sort of abuse or nec 27C .0102 of this C (c) Goods or servic purchased from a c established governi (d) Employees sha necessary to repel aggressive client ar governing body poli is necessary depen characteristics of th and physical and m of aggressiveness of intervention proced Subchapter 10A NC	EGLECT OR EXPLOITATION Ill protect clients from harm, exploitation in accordance Ill not subject a client to any glect, as defined in 10A NCAC hapter. ces shall not be sold to or client except through				

<u>Division</u>	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY PLETED
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NAME OF	PROVIDER OR SUPPLIER	STREET	Γ ADDRESS, CITY, S	STATE, ZIP CODE		
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(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 512		nis Rule shall be grounds for	V 512			
	interviews 1 of 4 au of 3 clients (client # staff (staff #2, staff	eviews, observation and udited staff (staff #1) abused #1, #2, #3) and 3 of 4 audited #3 and the Associate failed to protect 3 of 3 clients	t			
	-Date of admission: -Age: 14 yearsDiagnoses: Autism Hyperactivity Disord Disability; Reactive		d:			
	-Date of admission: -Age: 12 years. -Diagnoses: ADHD	, combined presentation; Disorder; Unspecified Traum				
	-Date of admission: -Age: 11 years.	raumatic Stress Disorder,	d:			
	with Client #1 reveal -Staff never hit or p	rvation on 3-17-25 at 3:15pn aled: out their hands on him. d staff #1 punish client #2 b				

forcing client #2 to exercise by running laps and

Division of Health Service Regulation STATE FORM

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	` ′			LETED
			7 BOILDING.	<del></del>	_	_
		MUI 0604400	B. WING		F 04/0	
		MHL0601499			04/0	7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COLLAR	COLLABORATIVE HOPE-SKYVIEW 1101 SKY					
OOLLAD	OTATIVE HOLE-ON	CHARLO	TTE, NC 282	08		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
IAO		,	IAG	DEFICIENCY)		
V 512	Continued From pa	ge 26	V 512			
V 312	-		V 312			
	_	ınd over rocks, dirt and the				
	grass.	<del>.</del>				
		me from school. They (school)				
		(client #2 hit a fellow student				
	upset."	4-25) and staff (staff #1) was				
		of client #2 hitting a fellow				
		on 3-4-25, staff #1 made client				
		hich consisted of running				
		e backyard. When client #2				
		onger, staff #1 forced client #2				
		ver rocks, dirt and grass.				
		trying to use consequences				
		#2) wasn't listening to staff				
	(staff #1), so staff for	orced him (client #2) to crawl				
	up the hill, over the	rocks and dirt and stuff				
		(client #2) was on punishment				
		t was to do work outs."				
		rst time work outs were used				
		Γhey (staff) all do it, it's a				
	consequence (to ne					
		side and began to exercise				
		courage client #2 because e to run the length of the yard.				
		vanted to. I wasn't on				
		rying to help [client #2] out."				
		nside (the facility), then I				
		yelling (at client #2) so I went				
		vas just watching. [Client #2]				
		en he (staff #1) kept yelling and				
		2]. He (client #2) was saying				
		e exercises), he couldn't				
		#2) would stop (running) and				
	kind of fall to the gr					
		saying stuff to him (client #2),				
		t up and keep running. [client				
		(staff #1) he needed to stop				
		#1] was like, mocking him.				
	Saying, 'OOH, I nee					
	-"So then I went ba	ck in the house (facility) and I				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7. BOILDING.			R
		MHL0601499	B. WING		04/	07/2025
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
COLLAE	ORATIVE HOPE-SKY	VIEW	(YVIEW ROAD OTTE, NC 282			
(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 CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 512	put my shoes and soutside and he (clie crawling so I got do [client #2] and craw how to do it."  -"He (staff #1) was -"Why? What diffe exact curse words (curse around clien-"The two that are i facility) were here (the incident on 3-4-#3) weren't doing a like, 'why is he doin exercise) and stuff-"I think it (the exercame. I don't know came, I guess to change I guess to c	socks on and went back ent #2) was on the ground own there (on the ground) with yled with him. To show him cussing (at client #2)."  Irrence does it make (what the were)? They (staff) all do hts)."  In there now (present in the staff #2 and staff #3 witnessed 1.25). They (staff #2 and staff hingthing, they were just saying that (making client #2 to like that."  It is in the staff witnessed 1.25 in the staff witnessed 1.25 in the were just saying that (making client #2 to like that."  It is in the staff witnessed 1.25 in the word	d f			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7. BOILDING.		   F	₹
		MHL0601499	B. WING			7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
COLLAE	BORATIVE HOPE-SKY	VIFW	VIEW ROAD			
			TE, NC 282		ON	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 512	Continued From pa	ge 28	V 512			
	grabbed client #2 b pulled him from the 3 times and was ye -Observed client #2 collar of his shirt an -"He (staff #1) three couple of times, an -[Staff #3] was out the was like 'OOH,' bed throw me on the granger of the we (staff #1) hit may bleeding."  -"The other staff are with any of the other we (client #2 and stagetting in trouble a of picking me up from the staff and the staff and the staff and stagetting in trouble a of picking me up from the staff and the staff and stagetting in trouble a of picking me up from the staff and the staff a	gry to catch his breath. Staff #1 by the collar of his shirt and ground. "He grabbed me like lling at me to get up." gesture by pulling at the front and making an upward motion. we me down (to the ground) a d drug me on the ground." there (in the backyard). She cause she seen him (staff #1) bound." f him (staff #1). No I don't feel ge on my nose. In the room yeah, my nose started ge ok. I don't have a problem for staff, just [staff #1]." gere (admitted to the facility), staff #1) got along good. I was lot (in school) and he got tired om school. He told me, he king your a*s up every day."				
	-Staff #1 pushed hi ground (unknown d -"He (staff #1) push across the ground. twice, a lot of times [client #2]. " -He (staff #1) made him bleed too. On -"He (client #2) had [staff #1] was mad him do exercise an (exercise)."	led me down and dragged me I don't know twice, more than . No, I didn't cry, that was e [client #2] cry and he made his lip and his nose. got in trouble at school and at him. He (staff #1) made d [client #2] didn't want to				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL0601499	B. WING		04/0	? 7/2025
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
COLLABORATIVE HOPE-SKY	VIEW 1101 SKY	VIEW ROAD			
OOLLADORATIVE HOLE-ORT	CHARLO1	TE, NC 282	208		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
then you have to cryou to stop. I don't I hours (how long state exercise). All the tile exercise as punishred as punishment.  -"Istaff #2] and [state came."  -Staff #1 is the only punishment.  -"I don't know (whate because [AP] came stop."  Interview on 3-17-2 and gotten into the being defiant with seril was called to the (client #2), basically assist staff #2 and seril when he (client #2 cursing and going between the is supposed to bucking up (being content in the interview on the is in trouble (become on the bus). Very doesn't typically do a male staff there.	ke back and forth (in the yard), awl on the ground until he tells know for a long time, like aff #1 makes the clients me (clients are made to ment)."  here, (outside and witnessed) but I didn't exercise I went  off #3] was here, and [AP]  of staff that uses exercise as  of made staff #1 stop), I think and made him (staff #1)  of with Staff #1 revealed:  e with client #2. On 3-4-25 he faciliy's group chat that client rouble in school and was  taff #2 and #3.  e group home (facility) for his  y a reinforcement, like help (to	V 512			

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Division of Health Service Regulation

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:		_	,
		MHL0601499	B. WING		04/0	7/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
COLLAB	ORATIVE HOPE-SKY	VIFW	VIEW ROAD			
OOLLAD	OKATIVE HOLE-OKT	CHARLOT	TE, NC 282	08		
(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 SHOULD CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 512	Continued From pa	ge 30	V 512			
V 312	process with him. I basically didn't reall a way. I tell them (chave to exercise wh football drills, you k and stuff like that, jucan calm down. So else to mess up the (before client #2 we #2's] nose had start started bleeding. W#2) were all groupe amongst ourself abbehavior) and his n-Denied hitting clier nose to bleed.  -"After cleaning [clien nosebleed) and masituated we (staff # outside and his noshelped him clean up made sure he was just exercise after to laps, that's really all -Client #2's nose worunning. "He (client bleeds so it's committed bleeds. I just think facility) he must have snuck off and went nose and made it be back the first thing to was bleeding and the exercise"  -"And so basically, told him that you can be insisted on going the start of the start o	tried to sit down with him. He y want to listen. So we, I have clients) to go outside, and they here basically they do like now normal pushups and laps ust to give them air so they that they don't do anything rest of their day. Prior, ent outside to exercise) [client ted bleeding. It had just the situation (client #2's ose began bleeding" In the nose causing his ent #2 in the nose causing his ent #2] up (cleaned up king sure that he was all 1, #2, #3) got him back e began bleeding again. In the client that it was really that. After that it was really that. Him (client #2) just doing that happened that day. The area of the west of him to have nose what happened before (in the we went into the bathroom, or into his room and dug in his leed because when he came that he said was that his nose that he didn't want to do the labeled and doing the	V 512			
	paperwork"	alternative which was 2 #3) helped him get cleaned				

	PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN OF CORRECTION	DENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
				F	₹
	MHL0601499	B. WING		04/0	7/2025
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
COLLABORATIVE HOPE-SKYVIEW	1101 SKY	VIEW ROAD			
COLLABORATIVE HOPE-SKT VIEW	CHARLOT	TE, NC 282	08		
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDE	BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 512 Continued From page 31		V 512			
up and everything and mall right and then [client # didn't want to do anything saying he wanted to go he wants to go there, and and forth"  -"No he did not tell me the "Denied cursing at client "Denied yelling at client # loud voice!'m loud in go so it wasn't that I was yel just have a loud voice. Pleanied aggressively pul ground after client #2 fell ma'am, when he kept fall him back up, making sur up because he would just and I didn't want him to lad ity so I would help hime."He was on the ground it cry and roll around and I do that. 'You are going the would help hime up because staying on the ground to exercise."  -Denied forcing client #2 on his hands, knees and "Yes, ma'am, So what the exercise where they (client (clients) run, they crawl, the yard), and he (client #2 other clients as well (client #2). They (client #3 other clients as well (client #4 out to show support for [client #4] because he was having a exercise. All the clients a support, to help him you	ade sure everything was ½] just became lazy and gafter that. He started some, wants to go here, dijust complaining back at he couldn't breath."  #2.  ½2. "No, Ma'am, I have a general. My voice carries ling, I was not yelling, I lus, we were outside." ling client #2 from the to the ground. "Yes ling over I was helping e he would stand back at lay down on the ground any down there and be back up."  In the grass. He would would tell him 'you can't o hurt yourself,' and I use he would insist on prevent from doing the to crawl across the yard stomach. They they go back and forth (in #2) was participating with and client #3) came client #2] as well a hard time doing the ctually came out to show know feel better about lient #1 and client #3) did with no problem. They	V 512			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION		SURVEY PLETED	
			A. BUILDING:	·		
		MHL0601499	B. WING		<b>I</b>	R <b>07/2025</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
COLLAG	ODATIVE HODE SKY	1101 SKY	VIEW ROAD	•		
COLLAD	BORATIVE HOPE-SKY	CHARLO	TTE, NC 282	208		
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 512	-"Yes, I used the exto his (client #2) be for his behaviors probecause he was als (staff #2 and staff #2 that day that was a -"[Client #2] never so that he didn't was because at first he saying how tough he I can handle it,' and there, he got winded didn't want to do it it is supporting him, tell itbasically coach.  Interview on 3-17-2-She came on shift 3-4-25. "When I can office to count the result of the window. I didn't thir exercise sometime -"When I finished to window. I didn't thir exercise sometime -"When I finished to back up front, I thinknow I was about to the kitchen. I saw he stepped outside to I went outside, he (down the yard. No saw him (client #2) forth. [Staff #1] told-Denied staff #1 ye "No, I didn't hear hi was a little loud becolient #2) were outs running so his voice say he was yelling."	kercise as a consequence due havior at school (3-4-25) and for to that day too and yes so having trouble with the staff (3) that was onboard (on shift) Iready there."  expressed any distress. More ant to do the exercise anymore. was all for it (exercising) he was, he was saying, 'I got it, do then the minute he got out ed, got tired, fell over and then (exercise). I was more ing him you know, you can do ing him."  25 with Staff #2 revealed: 25 with Staff #2 revealed: 36 at approximately 2:30pm on me in I went straight to the med (medications)"  the desk counting the meds see him (client #2) run past the note in anything about it, they do so, that's not uncommon."  counting the meds), I came lak I was going to let [staff #3] oo start dinner and she wasn't in the (staff #3) out back so I see what was going on. When client #2) was running up and nothing inappropriate. When I have you in the latter when I have going to let faster."  Illed or cursed at client #2.  In (staff #1) curse. His voice cause we (staff #1,#2, #3 and side and [client #2] was e was a little loud but I wouldn't				

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STATE FORM 6899 UZJQ11 If continuation sheet 33 of 39

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7. BOILDING.		   F	2
		MHL0601499	B. WING			7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COLLAR	ORATIVE HOPE-SKY	VIFW	VIEW ROAD			
	CHARLO					
(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 512	Continued From pa	ge 33	V 512			
	thing I saw was, the walkway. I thought, had another noseblelood. He has nose nosebleed earlier (a house (facility) and back and me and [safter we cleaned up and started to prepoutside after that."  -"No, I wasn't concesse anything."  -"I started my shift already out there (salready in the back house right at dinner because as soon a table and sat down dinner between 5(pabout 5:30 (pm) that	edge of any other staff hitting				
	-"[Staff #1] had him guess talking to hin school that day (3-4 about 15 minutes."	5 with Staff #3 revealed: (client #2) in his bedroom, I n about what happened at I-25). They were in there				
	office and [client #2 bedroom. He had we were passing easid '[staff #3], [stamade my nose bleethought to myself, c [staff #1] hit you, re	on the hallway towards the color was coming out of his hand over his nose and as each other in the hallway he ff #1] hit me in the nose and ed.' When he said that, I oh [client #2], come on now, ally?' I thought he was just				
	making something and had him sit dov	up. I took him to the bathroom vn. I gave him some tissue I his head back. It was				

DIVISION	or riealth Service IN	zgulation			1	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		MHL0601499	B. WING		1	7/2025
					1 5-70	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
COLLAR	COLLABORATIVE HOPE-SKYVIEW 1101 SK					
JOLLAD	CHARL			208		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
TAG	REGULATORT OR E	OCIDENTI TINO INI ONWATION)	TAG	DEFICIENCY)	MAIL	27.1.2
V 512	Continued From pa	ge 34	V 512			
	bleeding a lot. It to	ok a while for it to stop				
		ber I had to keep giving him				
		m tissue before we finally got				
	it to stop bleeding."					
		pped bleeding [staff #1] took				
		taff #1) made him run and				
		ın any longer, he made him				
	crawl. "					
		start at the top (by the tree line				
	at the top of a slight hill on the far corner of the					
		to the bottom just to the				
		proximately 75 to 100 yards)." n't like it (having to run), he				
		He would stop (running) and				
		athe. He would sit down on the				
		1] pulled him up by his shirt."				
		yelling, telling him (client #2)				
		didn't hear him curse. He was				
	just telling him to ke					
		the whole time. I kept going in				
	and out. It was har	d to watch. I couldn't stay out				
	there long and water	ch it. He (client #2) was				
	struggling."					
		uld not continue to run staff #1				
		ough the yard. Client #2				
		and grass, over rocks and				
		pack of his forearms to get				
	scratched and scra					
		state why she failed to ident. "I don't know."				
		sources staff] the following day				
	(3-5-25).	sources stair the following day				
	(5 5 25).					
	Interview on 3-24-2	5 with the AP revealed:				
		on 3-4-25 as part of his				
		hecking on things, seeing how				
		ng, checking on the staff.				
		ne car and as I was coming up				
		d [staff #1] talking to [client				

#2]. I don't know if I would say he was yelling, but

Division of Health Service Regulation

STATE FORM 6899 UZJQ11 If continuation sheet 35 of 39

DIVISION	Of Fleatill Service IN	guiation	1			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					_ ا	,
			D WINC		F	
		MHL0601499	B. WING	<del></del>	04/0	7/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS CITY S	STATE, ZIP CODE		
TW WILL OT	NOVIDEN ON COLL FIEN					
COLLAB	ORATIVE HOPE-SKY	VIFW	VIEW ROAD			
CHARLO			TE, NC 282	08		
(X4) ID	_	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				DEI IOIEITOT)		
V 512	Continued From pa	ge 35	V 512			
	•					
	he was talking very	loud. I was concerned				
	because we are in	a neighborhood. It's an older				
	neighborhood, its a	uiet so I didn't want the				
		ncerned and call the police or				
		ou know, they (neighbors)				
		o home, I just didn't want there				
		So, I went to the back and just				
		lower your voice some, you				
	are talking too loud					
		ning. No, he didn't appear to				
		stress. He wasn't complaining.				
		ny issues breathing or				
	anything. At one po	oint he came up to me and				
	spoke. I noticed he	had something on his face				
		ked him what was on his face.				
	· ·	osebleed. I went in the house				
	after that."	occomed in work in the mount				
		ge staff #1 had not had any				
		he clients. "No, they never				
		staff #1]. They all loved [staff				
	#1]."					
		did not express any concern				
		or [client #2] while he was				
	there.					
	Interviews on 3-17-	25 and 3-21-25 with the				
	Qualified Profession	nal (QP) revealed:				
		of the 3-4-25 incident				
		ek later on 3-13-25.				
		ef Executive Officer/Licensee				
		immediately as the accused				
	,	ne CEO and Director of				
		e #2 (DO/Licensee #2).				
		aff #1] and asked him about				
		nied anything happened and I				
	told him to write me					
	-	ended (3-13-25). He was on				
	vacation from 3-5-2	25 to 3-13-25 and he didn't				
	work. The day he d	came back to work from his				

Division of Health Service Regulation

vacation he came over here (to the facility), I

Division	<u>of Health Service Re</u>	egulation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL0601499		B. WING		R <b>04/07/2025</b>		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
1101 SKYV						
COLLAB	ORATIVE HOPE-SKY	VIEW	TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y 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 512	Continued From pa	ige 36	V 512			
	has not worked with	old he could not be here. He in [client #2] since 3-4-25." eceived the statement from 25.				
	Interview on 3-24-25 with the CEO/Licensee #1 revealed: -She was informed of the allegations by the QP but can't remember the exact date, but believes					
	the date to be 3-14- about it, everyone k	-24. When she (QP) told me knows that [staff #1] is my son, to, in order to keep everything				
	on the up and up I t	told [QP] that she was the needed to do what she needed				
	to do (start an investigation). She (QP) brought him (staff #1) in and we (QP and CEO/Licensee #1) both interviewed him. He told us his side of					
	the story. Being his mother aris I know that he did	nd knowing the person that he d not touch that kid (client #2).				
	That is just not [staff #1]. All these kids (clients) love him."					
	him (3-14-25), we to not work with [client -Staff #1 continued	e #1 and QP), did suspend old him that day that he could t #2] any longer." to work at the sister facility at				
	another location.	state a traditional Discussion				
	Protection dated 4- CEO/Licensee reve					
	ensure the safety of 1. [Staff #1's] termine	ction will the facility take to f the consumers in your care? nation has already taken place ity) home once the allegations				
	2. All staff will be re restrictive interventi					
	3. All staff will be re response and mana	etrained in crisis identification agement.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
				F			
	MHL0601499	B. WING		04/0	7/2025		
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE				
COLLABORATIVE HOPE-SKYVI	COLLABORATIVE HOPE-SKYVIEW  1101 SKYVIEW ROAD  CHARLOTTE, NC 28208						
PREFIX (EACH DEFICIENCY N	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (X: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  DATE:  DA			
			DEFICIENCY)				
disruptive behaviors of Describe your plans of happens.  1.  [Staff #1] was terminated work assignment on to ensure that steps winvolved in this event residents are reassure #1] was terminated from the cassure members be safe and free from at Skyview (facility) how terminated from the case weekly Supervision for Professional for ongoing 2.  An absolute decision leadership/supervision to have any current a contact with any men site. The Qualified Professional for ongoing the CEO, to ensure the information has been the acknowledges this are on site, on call to report any violation or 3.  The Qualified Profession distance of this dated plan and weeks.  4.	ated from Skyview (facility) 3-14-2025 as a plan initiated were taken that the members as well as the other red, they will be safe, [staff rom the Skyview (facility) 3-14-2025 as part of a plan and residents that they will harm while receiving care ome in [local county]. free is provided by staff at the ne-[local county]. He was not Company and will receive rom the Qualified bing/training and education.  has been made by the ry team that [staff #1] is not and future engagement nor needs of the Skyview Home rofessional has along with this does not occur. This a provided to [staff #1], and as rule. Skyview supervisors monitor as required and to f this rule.  sional will assess the on of safety in the next 7 days diagain within the following 3 esponse and management;	V 512					

Division of Health Service Regulation

5.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	DENITIEICATION NI IMPED:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		R		
MHL0601499		B. WING		04/07/2025			
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
COLLAE	COLLABORATIVE HOPE-SKYVIEW 1101 SKYVIEW ROAD						
	OLIMA A DV OTA		TTE, NC 282			(X5)	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
V 512	Continued From page 38		V 512				
	All staff will be retrained in alternatives to restrictive interventions by 4-15-2025."						
	All staff will be retrained in alternatives to						

6899