

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 05/13/2025
NAME OF PROVIDER OR SUPPLIER YOUTH UNLIMITED-SLANE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2872 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on May 13, 2025. The complaint was unsubstantiated (#NC00228643). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for four and has a current census of three. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 295	<p>27G .1703 Residential Tx. Child/Adol - Req. for AP</p> <p>10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS</p> <p>(a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1).</p> <p>(b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following:</p> <p>(1) management of the day to day day-to-day operations of the facility;</p> <p>(2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and</p> <p>(3) participation in service planning meetings.</p>	V 295	<p>We have a full time AP at the Slane house.</p> <p>RECEIVED JUN 09 2025 DHSR-MH Licensure Sect</p>	Completed

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

TITLE

(X6) DATE

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V 295	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to employ an Associate Professional (AP) who provided services to the group home on a full-time basis. The findings are:</p> <p>Review on 5/9/25 of the Associate Professional (AP) personnel record revealed: -Date of hire was 1-15-2025. -Hired as the Associate Professional. -There was no documentation of the year's experience along with the bachelor's degree.</p> <p>Interview on 5/9/25 with the Clinical Director revealed: -The AP worked at least 2-3 days per week. -She was currently working on her Master's Degree. -She was not aware the AP had to work full time. -Acknowledge the facility did not have a full time AP that worked on a full-time basis in group home.</p> <p>This deficiency has been cited 4 times since the original cite on 2/27/24 and must be corrected within 30 days.</p>	V 295		