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FREEDOM CARE SERVICES, LLC-KING MILL	1335 LASSITER ROAD BENSON, NC 27504

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on May 21, 2025. The complaint was substantiated (intake #NC00230462). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 5 and has a current census of 5. The survey sample consisted of audits of 5 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interviews the facility failed to develop and implement goals and strategies to address the needs of 1 of 5 clients (#5). The findings are: Review on 5/20/25 of client #5's record revealed: -Admitted on 4/19/22. -Diagnoses of Schizoaffective Disorder, Generalized Anxiety Disorder and Insomnia due to other mental disorder and Major Depressive Disorder recurrent moderate. -Treatment plan dated 1/1/25 did not include any strategies for identified goals or staff responsible. Interview on 5/19/25 client #5 stated: -Her goal was to be on her own one day. Interview on 5/20/25 the Licensee/Qualified Professional stated: -Client #5's treatment plan did not include strategies. -Client #5's treatment plan would be updated.	V 112		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d)	V 290		

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V 290	Continued From page 2	V 290		

of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.
(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.
(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:
(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or
(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.
(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:
(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and
(2) the services of a certified substance

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V 290	Continued From page 3 abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to ensure 2 of 5 clients (#1, #2) were capable of remaining in the home without supervision for specified periods of time or a minimum of one staff member present. The findings are: Review on 5/19/25 of client #1's record revealed: -Admitted on 4/26/22. -Diagnoses of Schizophrenia unspecified, Type 2 Diabetes and Hypertension. -"Unsupervised Time Agreement/Personal Safety Assessment" dated 5/20/24 revealed "remain unsupervised by staff for 6 hrs (hours) daily according to the following guidelines and limitations...having the ability to access Unsupervised Time when desired helps increase my independence..." Review on 5/19/25 of client #2's record revealed: -Admitted on 4/19/22. -Diagnoses of Major Depressive Disorder, Major Neurocognitive Disorder, Epileptic Seizure Disorder, Dementia in other diseases classified elsewhere with behavioral disturbance and Unspecified psychosis not due to a substance or known physiological condition and Anxiety. -"Unsupervised Time Agreement/Personal Safety Assessment" dated 4/7/25 revealed..."I agree with my yearly plan goal to remain unsupervised by staff for 2 hr (Hours) daily according to the following guidelines and limitations. Reason for	V 290		

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V 290	Continued From page 4 request: [client #2] would like to practice her independent and stay home when she chooses...A condition to [client #2] having unsupervised time is that a familiar peer is present in the home with her. Having a familiar face helps decrease anxiety [client #2] may faces throughout her requested time..." Observation on 5/19/25 at approximately 12:20 pm and interview with client #1's Veteran Affairs (VA) case worker revealed: -No answer at the door when surveyor arrived. -Client #1 and her VA case worker arrived at the facility. -Client #1 stated there were no staff at the facility prior to entering. -Client #1's VA case worker stated she drops off client #1 at the facility on different days and different times. -Client #1's VA case worker stated there sometimes no staff at the facility when she dropped of client #1. Interview on 5/19/25 client #1 stated: -She had "maybe 3 hours daily" of unsupervised time at the facility. -There were no staff sometimes during shift change. -She and client #2 stayed at the facility during the day. -She went on an outing once a week with her VA caseworker. -Client #2 remained at the facility by herself when she left for her outing. Interview on 5/19/25 client #2 stated: -She had unsupervised time. -She was by herself about 2 or 3 hours and she "just sleep."	V 290		

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V 290	Continued From page 5 Interview on 5/20/25 staff #1 stated: -She worked at the facility Monday - Friday from 9am - 4pm. -Client #1 and #2 had unsupervised time. -A staff was scheduled to work at 12pm on 5/19/25. Interview on 5/21/25 staff #2 stated: -She worked at the facility on Weekends. -Her schedule began between 2pm/3pm on Friday until Monday at 9:30am. -She was responsible for preparing lunch for client #1 and client #2. -The next staff worked around 11:30pm/12pm. -Clients were unsupervised when staff were "coming and going." Interview on 5/19/25 and 5/20/25 the Licensee/Qualified Professional stated: -All the client had unsupervised time at the facility. -Client #2's unsupervised time was contingent of another client at the facility. -Normally client #1 was at the facility with client #2. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 290		
V 513	27E .0101 Client Rights - Least Restrictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods;	V 513		

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V 513	Continued From page 6 (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to ensure the least restrictive and most appropriate settings and methods were used affecting 3 of 5 clients. The findings are: Review on 5/19/25 of client #1's record revealed: -Admitted on 4/26/22. -Diagnoses of Schizophrenia unspecified, Type 2 Diabetes and Hypertension. -No documentation of detailed reason for the rights restriction or restriction reviewed by a QP as required every 7 days. Review on 5/19/25 of client #2's record revealed: -Admitted on 4/19/22. -Diagnoses of Major Depressive Disorder, Major Neurocognitive Disorder, Epileptic Seizure	V 513		

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V 513	Continued From page 7 Disorder, Dementia in other diseases classified elsewhere with behavioral disturbance and Unspecified psychosis not due to a substance or known physiological condition and Anxiety. -No documentation of detailed reason for the rights restriction or restriction reviewed by a QP as required every 7 days. Review on 5/20/25 of client #5's record revealed: -Admitted on 4/19/22. -Diagnoses of Schizoaffective Disorder, Generalized Anxiety Disorder and Insomnia due to other mental disorder and Major Depressive Disorder recurrent moderate. -No documentation of detailed reason for the rights restriction or restriction reviewed by a QP as required every 7 days. Observation on 5/19/25 at approximately 12:20pm client #1 had a several plastic bags from a local grocery store and sodas. Observation on 5/19/25 at approximately 12:40pm a tour of the facility revealed: -A black wire wrapped around the refrigerator's door handles. -A lock on the pantry containing snacks, drinks, can goods, etc. Interview on 5/19/25 client #1 stated: -She did not have access to the key to unlock the refrigerator or pantry. -The personal items she purchased were kept locked. -She was not able to have her purchased snacks and drinks as she wished. -She only received her soda at dinner. -She did not have any dietary restrictions. -Her diabetes were controlled.	V 513		

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V 513	Continued From page 8 Interview on 5/19/25 client #2 stated: -The refrigerator and pantry were kept locked. -She did not have access to the key for the pantry or refrigerator. Interview on 5/20/25 client #5 stated: -She was unsure if she had access to the refrigerator or pantry "memory is fuzzy." Interview on 5/20/25 staff #1 stated: -The refrigerator and pantry were kept locked. -Clients had to ask staff if they needed something out the refrigerator or pantry. Interview on 5/21/25 staff #2 stated: -The refrigerator and pantry were kept locked. -Only staff had access to the key to unlock the refrigerator and pantry. -Personal snacks were also kept locked. -Snacks were given in moderation as requested when appropriate. Interview on 5/19/25 the Licensee/Qualified Professional stated: -Client #2 liked to steal food and stuff her mouth when no one was watching. -Client #3 would steal food and had digestive issues. -Client #1's personal food items were kept locked as a safeguard so the other clients did not take it. -The clients had access to the key as it was on the "bulletin board." -The facility reviews restrictions monthly during the clinical meetings. -The facility would do an incident report or service note if there was an issues. -She did not have any incident reports for the last 3 months. -The restriction was not evaluated every 7 days or documented in the client's record.	V 513		

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V 513	Continued From page 9 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 513		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.	V 536		

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V 536	Continued From page 10 (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence	V 536		

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V 536	Continued From page 11	V 536		

by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.
(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.
(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.
(5) Acceptable instructor training programs shall include but are not limited to presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the course;
(C) methods for evaluating trainee performance; and
(D) documentation procedures.
(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.
(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.
(8) Trainers shall complete a refresher instructor training at least every two years.
(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
(1) Documentation shall include:

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V 536	Continued From page 12 (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure annual training in alternatives to restrictive interventions for one of three audited staff (Licensee/Qualified Professional (QP)). The findings are: Review on 5/20/25 of the L/QP's personnel record revealed: -Hire date: -No documentation of a current annual training in alternatives to restrictive interventions. Interview on 5/20/25 the L/QP stated: -The facility did not use physical restrictive	V 536		

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V 536	Continued From page 13 interventions. -Her alternatives to restrictive interventions had expired. -She was scheduled to for annual alternatives to restrictive interventions on 5/27/25.	V 536		