	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0411122	B. WING		06	/06/2025
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
RANBER	RY GROUP HOME		ANBERRY COURT SBORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	5	V 000			
	on June 6, 2025. The substantiated (intake deficiency was cited. This facility is license	#NC00229993). A				
	Living for Adults with	27G .5600C Supervised Developmental Disability.				
	-	ed for 3 and has a current vey sample consisted of ients.				
V 290	27G .5602 Supervise	ed Living - Staff	V 290			
	numbers specified in of this Rule shall be enable staff to respo- needs. (b) A minimum of or present at all times v premises, except wh habilitation plan doct capable of remaining without supervision. as needed but not le the client continues to the home or commun- specified periods of to (c) Staff shall be pre- following client-staff child or adolescent of (1) children or abuse disorders shall	a above the minimum Paragraphs (b), (c) and (d) determined by the facility to nd to individualized client he staff member shall be when any adult client is on the en the client's treatment or uments that the client is g in the home or community The plan shall be reviewed ss than annually to ensure to be capable of remaining in hity without supervision for time. esent in a facility in the ratios when more than one				
		wever, only one staff need be ing hours if specified by the				

	of Health Service Regu		X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION			E SURVEY
	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		MHL0411122	B. WING		06	6/06/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	RAY GROUP HOME	5709 CF	ANBERRY COURT			
CRANDER		GREEN	SBORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AU CROSS-REFERENCED TC DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 290	Continued From pag	e 1	V 290			
	the governing body; (2) children or developmental disab one staff present for present and two staff more clients present need be present duri specified by the eme determined by the go (d) In facilities which diagnosis is substand (1) at least one duty shall be trained withdrawal symptom secondary complicat drug addiction; and	adolescents with illities shall be served with every one to three clients f present for every four or . However, only one staff ing sleeping hours if regency back-up procedures overning body. n serve clients whose primary ce abuse dependency: e staff member who is on in alcohol and other drug s and symptoms of ions to alcohol and other s of a certified substance Ill be available on an				
	failed to ensure staffi needs of the clients s Reviews on 6/5/25 au record revealed: -Admission date of 1 -Diagnoses of Autism Attention-Deficit Hyp Seizure Disorder, Am	iew and interview, the facility ing to meet the individualized served. The findings are: nd 6/6/25 of Client #1's 0/12/21. n Spectrum Disorder, eractivity Disorder (ADHD), uxiety, Bipolar Disorder,				
	Intellectual Developn Obsessive Compulsi	e Disorder, Moderate nental Disability (IDD), ve Disorder (OCD). f property destruction				

Division of Health Service Regulation STATE FORM

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TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL0411122	B. WING		06	6/06/2025
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
RANBER	RY GROUP HOME		ANBERRY COURT BORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 290	Continued From pag	e 2	V 290			
	hole in the wall or bro- behaviors (biting him picking), and invadin (standing within a few causing discomfort of individual).	n force which may result in a oken glass), self-injurious nself, head banging, skin g personal space of others w inches of another person or distress for the other verbalize one and two words				
	treatment plan dated -Requires "daily supe ADLs (Activities of D of medical needs," a activities." -His behavioral supp stated, "staff would continuous visual su	ervision and assistance with aily Living), "close monitoring nd "supervision in social ort plan dated 7/23/24 d benefit from providing pervision in public as well as aintaining visual supervision				
	-Admission date of 5 -Diagnoses of Autism Moderate IDD, Seizu Rhinitis. -Behavioral history o substances," "cramm do not belong such a self-injurious behavio invading personal sp	n Spectrum Disorder, ure Disorder, and Allergic f "pica ingestion of inedible ning" objects in places they as areas of the body, or (hitting himself), and bace of others (touching caining space between s).				
	dated 7/31/24 reveal -"Staff should closely	Client #2's treatment plan led: / monitor and verbally prompt zero episodes of cramming				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
	MHL0411122					
		MHL0411122	B. WING		06	6/06/2025
AME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	, ZIP CODE		
RANBER	RRY GROUP HOME		ANBERRY COURT			
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN O (EACH CORRECTIVE AC		(X5) COMPLET
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIEN		DATE
V 290	Continued From pag	e 3	V 290			
	occurs."					
	-"Staff will monitor [C	Client #2] as he bathes to				
		gesture to him to wash his				
		ly. Staff will assist if needed."				
	-In the section titled "What is happening in my life					
	right now," a statement was included that Client					
	#2 had an increased need for personalized					
	support for one on one (1:1) assistance to					
	participate in daily activities and meet					
	individualized goals.					
		Review on 6/5/25 of Client #3's record revealed:				
	-Admission date of 9/7/10.					
	-Diagnoses of Disruptive Behaviors, ADHD,					
	Moderate IDD, Mood disorder due to known					
		on with depressive features,				
	Seizure Disorder and					
		f physical aggression (biting,				
		, spitting, scratching,				
		nd stepping on someone's				
	foot), property destru behaviors and verba					
	Reviews on 6/5/25 a	nd 6/6/25 of Client #3's				
	treatment plan dated	8/1/24 revealed:				
	-"[Client #3] needs c	onsistent support from staff				
	to avert injury from s	eizures that may occur."				
		his aggressive behaviors				
		ng, and scratching peers with				
		onitor Client #3's interactions				
	with others and prom	npt him to give others space.				
		n 6/4/25 of facility incident				
	reports revealed:					
	-	om, Client #1's family				
		ruising on 3 areas of Client				
		cause of the bruising was				
		as submitted into the North				
		sponse Improvement				
	System.					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
	MHL0411122					
		MHL0411122	B. WING		06	6/06/2025
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
RANBER	RRY GROUP HOME		ANBERRY COURT SBORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES XY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 290	Continued From pag	e 4	V 290			
	in which he was runn rubbing his chest and staff was preparing a refrigerator and fell, H and led to a response services (EMS). -Client #1's 4/24/25 department report re was seizures and wa injury of the head." Review on 6/5/25 of summary dated 4/22 -He was seen in the department for bruisi -Diagnosed with a co wall. -Attached medical in contusion as a deep	hitting his head on the floor e by emergency medical 5 hospital emergency vealed his reason for the visit is diagnosed with "traumatic a hospital discharge /25 for Client #1 revealed: hospital emergency ing to his abdomen. ontusion of the abdominal				
	report dated 5/2/25 of bruising revealed: -Written statements & documented staff we spots" on his abdome not aware of the purp middle of his lower si notified on 4/20/25. -Staff #3 and #4 assu injury was caused by -The outcome of the was documented as Review on 6/4/25 an	d 6/6/25 of the facility's staff				
	schedule for April and	d 6/6/25 of the facility's staff d May 2025 revealed: am, 8 am to 8 pm, and 8 pm				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
MHL041							
		MHL0411122			06	6/06/2025	
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE			
RANBER	RRY GROUP HOME		ANBERRY COURT SBORO, NC 27405				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 290	Continued From pag	e 5	V 290				
	to 12:00 am. -1 staff on each shift						
	checks of Client #1 r -The documentation to 6/3/25 for each sh -At least 2 staff were documentation as ha checks. -Out of approximatel the period reviewed y scratches, sores and Client #1's body, the approximately 30 inco occurred.	reviewed was from 4/22/25 ift. identified in the aving completed the body y 35 documented entries for with documentation of scabs, I bruises on various parts of re was no documentation in idences of how the injuries					
	take Client #1 out to member observed C asked his shirt be ch shirt up which reveal abdomen. -Staff #1 told the fam how the bruises occu sent her (guardian) p abdominal bruises. -She understood the internal investigation "they (facility staff) has who caused the bruis -"I don't understand the happened. He's supp staff."	ealed: ent to the facility on Easter to eat and when the family lient #1's shirt dirty and anged, Client #1 pulled his ed the bruises on his hily member she did not know urred. The family member obotos of Client #1's facility had completed an into Client #1's bruises and ad no answers as to what or					
	himself, staff should prompts to stop and	have been giving him verbal document the bruises." should have seen the bruises					

STATE FORM

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			2.1/00			
		MHL0411122			06	6/06/2025
AME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	, ZIP CODE		
RANBER	RY GROUP HOME		ANBERRY COURT BORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 290	Continued From pag	e 6	V 290			
	while helping him sh	ower."				
		ff were conducting body				
	checks of Client #1 a					
	documentation of an	y bodily injuries since she				
		the bruises to the Qualified				
	Professional (QP).					
		things, he's a busy young				
	man" who needed constant supervision.					
	Interview on 6/3/25 with Client #3 revealed:					
		e," and "I sometimes fall				
	down."	,				
	-No assistive devices were used by him when he					
	walked in the facility although he had a protective					
	helmet in his room which he stated he used while					
	on family home visits					
		zures" as well as grand mal				
	seizures; ne did not i seizures.	remember when he had				
		d to check on him to make				
		ing a seizure and to remind				
		to calm down when he was				
	starting to have a sei	izure.				
	-There was 1 staff or	n each shift.				
	Interview on 6/3/25 v	with Staff #1 revealed:				
		direct support staff for about				
	2 years.	ad but usually worked 2 pm				
		ed but usually worked 3 pm eekdays and 8 am to 8 pm				
	on weekends.					
	-She worked alone o	on her shift.				
	-Client#1 was nonve	rbal except for a few simple				
	words.	· · · · · · · · · · ·				
	•	He's going to get into				
	something."	him the room and leave him				
	-"You cannot leave alone"	him the room and leave him				
		icked at his skin and peeled				
	off scabs.	longe at the skin and pooled				

STATE FORM

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTR IDENTIFICATION NUMBER: A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	MHL0411122					
		MHL0411122	B. WING		06	/06/2025
IAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	ZIP CODE		
RANBER	RRY GROUP HOME		ANBERRY COURT BORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 290	Continued From page	e 7	V 290			
	-She did not know occurred in April 202 -Client #2 was nonver- words. -Needed to be mor- prompts while he sho in the shower and wo -Client #3 was verbal when walking, needer activity, and assisted rub his chest for calm down to lay on his sid -It was hard for 1 sta (Clients #1-#3) were needed to be monitor Interview on 6/4/25 w -He was direct support the facility for 6 years -He was day support weekday but worked weekends and some 8 pm-12 am. -There was 1 staff or -Client #1 would go in papers and wrapping looking. He needed w of the trashcan. -Needed to be give verbally prompts to w while showering. "Yo assist him." -When he (Staff #2	how the bruises on Client #1 5. arbal except for a few simple hitored and given verbal owered; otherwise, he stood build not bathe thoroughly. I, had an unsteady balance do be monitored for seizure both verbally (reminder to hing) and physically (guided de during a seizure). ff on duty when all 3 clients at the facility as each red and supervised. with Staff #2 revealed: ort staff and had worked at s. staff for Client #3 during the as residential staff on the times during the week from				
	him. No telling what I staff sight." -He was not workin	ne will get intohas to be in ng the weekend of 4/18/25- #1's bruises were discovered				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BUILDING.			
		MHL0411122	B. WING		00	6/06/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE	, ZIP CODE		
CRANBER	RRY GROUP HOME		ANBERRY COURT SBORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 290	Continued From pag	e 8	V 290			
	bruises to his stomad -Client #1 had a his times which caused is stomach but the brui -Confirmed that Client showering. -Client #3 had seizur try and get him to sit when he felt a seizur -Client #3 also need (putting his arm under walking during times Interview on 6/4/25 w -He worked as direct -His usual work hour from 8 pm- overnight -1 staff on each shift -Client #1 was a "bus active around the fact -Needed to be mor with verbal prompting choking. -Needed full assist and physical support parts), putting on deat teeth. -If Client #3 did not something, he was "a meaning he would hit the floor. -Had a history of se and needed to be reasist and needed to be reasist -No knowledge how sustained the abdom 4/20/25.	ch around 4/20/25. story of slapping himself at bruises on his arm and sing would go away quickly. Int #2 needed assistance with res and needed assistance to down and rub his chest re starting . Ided physical assistance er Client #3's arm) when of unsteadiness. with Staff #3 revealed: a support staff over 2 years. Is were from 3 pm-8 pm and t. sy body" meaning he was cility. hitored while eating his meals g to eat slow to prevent ance with showering (verbal t to ensure he bathed all body bdorant, and brushing his				
ision of Her	prompted to stop his	"cramming" behaviors ects behind furniture.				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVE COMPLETED	
		MHL0411122	B. WING		06	/06/2025
AME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	ZIP CODE		
RANBER	RRY GROUP HOME		ANBERRY COURT SBORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 290	Continued From pag	e 9	V 290			
	dressed. -Client #3 needed he balance and reminded drooling. Interview on 6/6/25 w Professional revealed -Based on the inform internal investigation bruises on 4/20/25, r made how or when th -As a result of the face body checks on Client implemented and do change. -A trip and fall protoc Client #1 and staff w after the 4/20/25 bruit -With the monitoring each client when Clief present at the facility address the need for facility.	d: nation he gathered during his of Client #1's abdominal no determination could be				