

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/09/2025
NAME OF PROVIDER OR SUPPLIER RAMONA TAYLOR HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 53 RED VIEW DRIVE MARION, NC 28752		
(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	INITIAL COMMENTS An annual and follow up survey was completed on 7/9/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 2 and has a current census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician and failed to keep the MAR current affecting 2 of 2 clients (#1, #2). The findings are:</p> <p>Review on 7/3/25 of Client #1's record revealed: -Date of admission: 10/25/24. -Age: 5 years old. -Diagnoses: Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Global Developmental Delay, Nonverbal. -Physician's orders included: -Amoxicillin-clavulanate 600-42.9 milligrams (mg)/5 milliliters (ml) (virus) - 7.5ml twice daily for 10 days ordered 6/15/25. -Lansoprazole DR (delayed release) 15mg disintegrating tablets (tab) (reflux) - 1 tab twice daily ordered 3/21/25. -Kapvay ER (extended release) 0.1mg (ADHD) - 1 tab daily every morning ordered 5/13/25. -There was no discontinue order for: -Intuniv ER 1mg (ADHD) - 1 tab daily ordered 4/15/25.</p> <p>Review on 7/3/25 of Client #1's MARs dated 5/1/25-7/3/25 revealed:</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Amoxicillin-clavulanate was not documented as administered. (20 doses) -Lansoprazole was not documented as administered 6/1/25-6/30/25 for the evening doses. (30 doses) -Kapvay was not documented as administered 6/14/25-7/3/25. (34 doses) -Intuniv was not documented as administered 5/14/25-6/13/25. (45 doses) <p>Review on 7/3/25 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Date of admission: 10/1/23. -Age: 11 years old. -Diagnoses: Autism Spectrum Disorder with accompanying Language Impairment, ADHD, Intellectual Developmental Disability, Pica, Nonverbal. -Physician's orders included: <ul style="list-style-type: none"> -Risperidone 1mg/ml (behavior) - 1 ½ tabs twice daily ordered 2/12/25. -Aripiprazole 1mg/ml (agitation) - 5ml daily ordered 4/2/25. -Aripiprazole 1mg/ml - 2.5ml daily ordered 5/21/25. <p>Review on 7/3/25 of Client #2's MARs dated 5/1/25-7/3/25 revealed:</p> <ul style="list-style-type: none"> - Risperidone typed instructions on May, June and July MARs revealed "take 1.5 tab daily" although it was administered twice daily as ordered on 5/1/25-5/5/25, 6/1/25-7/3/25 in the morning, 5/1/25-5/4/25, and 6/1/25-7/2/25 in the evening. Handwritten instructions on page 2 of the May MAR revealed a change from mg (tabs) to ml (liquid) but did not include strength and was administered as ordered twice daily on 5/6/25-5/31/25 in the morning, and 5/5/25-5/31/25 in the evening. -Aripiprazole was documented as administered daily 5/1/25-5/31/25 on the same 	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>line despite a reduction order from 5ml to 2.5ml on 5/21/25.</p> <p>Attempted interview on 7/3/25 with Client #1 was unsuccessful as Client #1 continued to play with his toy and did not respond to questions.</p> <p>Attempted interview on 7/3/25 with Client #2 was unsuccessful as Client #2 did not respond to questions.</p> <p>Interview on 7/3/25 with the Alternative Family Living (AFL) provider revealed: -Client #1 had lived with her since he was 6 years old. -Never got the amoxicillin filled for Client #1. "The doctor said fill it if needed. Found out the following day, he was negative for everything ..." - She was not aware she had not documented the evening administration of Lansoprazole for Client #1. "[Client #1] did receive the evening doses (of Lansoprazole)." -"I didn't know I needed a d/c (discontinue) order ...(for Client #1) we tried switching (from Intuniv to Kapvay) but it didn't work as well so we switched back (to Intuniv) ..." -Had not noticed the MARs for Client #2's Risperidone instructions were not written correctly. Received the MARs from the Qualified Professional (QP). "He still got it (risperidone) 2 times a day." -Was told she could write a note on the MAR in the medication section and document different dosages or strengths on the same line.</p> <p>Interview on 7/2/25 with the QP revealed: -Reviewed MARs during monthly visits to the facility. Had not reviewed June MARs yet.</p> <p>Interview on 7/3/25 with the Licensee's Services</p>	V 118		

Division of Health Service Regulation

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V 118	Continued From page 4 Coordinator (SC) revealed: -Need to get discontinue orders. -The QP was on vacation and could not be reached for other medication/MAR questions. Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a recite deficiency and must be corrected within 30 days.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on record reviews, interviews, and observation, the facility was not maintained in a safe, clean, and attractive manner. The findings are: Observation on 7/3/25 at approximately 9:15am and interview with the Alternative Family Living (AFL) provider revealed: -The front door doorknob lock did not unlock from the inside of the facility when the door handle was rotated. Rather, it required the center button to be rotated to unlock the door. The dead bolt just above the doorknob had a thumb latch which required it to be turned to unlock the bolt. Approximately 5-6 inches from the top of the door was a 3 inch metal hinge lock. The AFL provider	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 5</p> <p>reported the hinge lock was required to keep Client #2 in the facility and prevented him from eloping because Client #2 was unable to open the hinge lock.</p> <p>-The exterior of the front door was covered in scratch stains and mud throughout the lower section of the door below the doorknob level. There were several additional marks and scratches on the inside of the door. The paint was scratched off in vertical sections one to two feet above the bottom of the door and 6-8 inches from the sides of the door. The inside of the front door also had 2 small vertical sections 2-4 inches long where the paint was scraped or peeled off. About 6-8 inches from the edge of the opening side of the door from the top to the bottom was dirty and worn.</p> <p>Review on 7/3/25 of Client #1's record revealed: -Date of admission: 10/25/24. -Age: 5 years old. -Diagnoses: Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Global Developmental Delay, Nonverbal.</p> <p>Review on 7/3/25 of Client #2's record revealed: -Date of admission: 10/1/23. -Age: 11 years old. -Diagnoses: Autism Spectrum Disorder with accompanying Language Impairment, ADHD, Intellectual Developmental Disability, Pica, Nonverbal.</p> <p>Review on 7/3/25 of the Division of Health Service Regulation's (DHSR) Construction Section's Statement of Deficiencies dated 6/9/25 revealed: -"DHSR Construction Section conducted a Biennial Survey on June 9, 2025 ...At the time of our visit, we cited deficiencies that require an</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 6</p> <p>acceptable plan of correction. All deficiencies listed were discussed with on-site staff (AFL provider) during the exit interview ... Take actions to correct all listed deficiencies ... At the time of the survey it was observed that there was a special locking device that requires special knowledge on the front exterior door at the top of the door. The provider (AFL provider) stated that she installed the locks to prevent the two clients from exiting the home (facility) without being aware. This is not compliant with the rule. Take the necessary steps to remove the device from the front door so that there is not a delay in egress in the event of a fire or other emergency ..."</p> <p>Review on 7/2/25 of the 2018 North Carolina Residential Building Code R311.2 revealed: " ...Egress doors shall be readily openable from inside the dwelling without the use of a key or special knowledge or effort..."</p> <p>Review on 7/9/25 of an on-line commerce website where the hinge lock was purchased had a description which revealed: -"[hinge lock brand] child proof high security door lock adds extra security measures for toddlers ... This door reinforcement lock has a spring-loaded design to prevent children from opening the door to unknown people ... 3" stop metal construction home security door lock ... designed to withstand 800 pounds of force ... Place index finger on top of door lock security and thumb on bottom and slide lock away from the base plate along with the door in the direction of the hinges then pull outward. No tools are required to open, just a little practice ..."</p> <p>Attempted interview on 7/3/25 with Client #1 was unsuccessful as Client #1 continued to play with</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 7</p> <p>his toy and did not respond to questions.</p> <p>Attempted interview on 7/3/25 with Client #2 was unsuccessful as Client #2 did not respond to questions.</p> <p>Interview on 7/7/25 with DHSR's Construction Section's Surveyor who completed the 6/9/25 survey revealed:</p> <ul style="list-style-type: none"> - "The lock (hinge lock) needs to be removed from the door ...can't be a special lock requiring special knowledge, key or tool to unlock." - "The lock was not there on (DHSR) initial construction survey (in 2020)." - "[AFL provider] told me they just put the lock on in the last year or 2 ...(installed) so they (clients) don't get out ..." - The use of baby gates " ...would impede emergency egress as well ...can not block the egress at all ..." <p>Interviews on 7/3/25, 7/7/25, and 7/9/25 with the AFL provider revealed:</p> <ul style="list-style-type: none"> - "...it's my responsibility to keep these boys (clients) safe ...had the lock on the door for 5 years and it's never been an issue ...(door lock) in his ISP (individual support plan - treatment plan) for safety issues ..." - The front door lock came from an on-line commerce website. "No, [Client #2] could not open that (hinge) lock." <p>Interview on 7/3/25 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - "The [Local Management Entity/Managed Care Organization's (LME/MCO)] Care Manager and DSS (Department of Social Services) guardian are aware of the locks. Our HRC (Human Rights Committee) has approved this." - "Went over the (DHSR) construction survey with 	V 736			

Division of Health Service Regulation

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V 736	<p>Continued From page 8</p> <p>[AFL provider] today (7/3/25) and everything has been corrected."</p> <p>Interviews on 7/3/25 and 7/9/25 with the Licensee's Services Coordinator (SC) revealed: -The locks were in Client #2's ISP. -"We are still brainstorming how to meet these requirements and keep these members (clients) safe." -"Looking at a waiver request ...or even adding a fence around the house (facility) but will need to find funding."</p> <p>Review on 7/3/25 of the Plan of Protection (POP) dated 7/3/25 and signed by the Licensee's SC revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? AFL staff of the above stated licensed home will take the following immediate action steps to ensure the safety of the members in Davidson Family Services (DFS-Licensee) care. DFS Staff [AFL provider] will install three gates within the facility for the weekend. The first gate will be installed on the front porch of the home; the second gate will be installed in the foyer threshold between the living room and the front door. The second gate will be installed closer to the living room side of the threshold due to the glass French doors located beside the front door on the left as you walk in. The third and final gate will be installed in the opening between the kitchen and dining room of the home. A door alarm will be placed on the front door of the facility. The current installed door lock on the front door will be removed for the weekend. Staff will continue to maintain supervision at all times of the two child aged members (clients) currently residing within the facility. Husband of</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 9</p> <p>[AFL provider] will be home with the family during the weekend.</p> <p>Should the above listed Plan of Protection fail during the weekend, the staff of the home (facility) has been informed to contact the law enforcement agency (911) and contact Davidson Family Services after hours on call line [phone number]. Staff will also complete a required Incident Reporting form should this occur. Describe your plans to make sure the above happens.</p> <p>-AFL staff of the home will submit photos of the above listed required steps upon completion; no later than late evening of Thursday July 3rd, 2025. Home will leave all plan of protection directed materials in place all weekend into Monday July 7th, 2025."</p> <p>Review on 7/3/25 of 1st amended POP dated 7/3/25 and signed by the Licensee's SC revealed: "The first gate installed in the home is a walk through gate. This gate is located on the front porch of the home. The second gate installed in the home is a walk through gate. The second gate listed above that is to be installed in the home will mirror the gate currently located in the home. This will allow emergency egress should the need arise out the front door of the home. [AFL provider] states that both members are able to operate the walk through gates. There is currently another walk through gate in the home that both members are able to operate. I also informed [AFL provider] that she continue working with the younger member in the home to ensure that they are able to work the gate to the best of their ability. Davidson Family Services will also conduct 1 unannounced visit this weekend to the Taylor Home (facility) to ensure the corrective measures are still in place."</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 10</p> <p>Review on 7/3/25 of 2nd amended POP dated 7/3/25 and signed by the Licensee's SC revealed: "Services Coordinator will conduct this review at an unannounced time over the weekend."</p> <p>After consultation on 7/7/25 with DHSR's Construction Section's Surveyor, an additional POP was requested and received; however, the provider did not update the 7/3/25 date on the original POP which had been signed.</p> <p>Review on 7/7/25 of 3rd amended POP with the original signature and date of 7/3/25 signed by the Licensee's SC revealed: "Prior Plan of Protection (POP) was submitted to NCDHSR (North Carolina Division of Health Service Regulation) on 07/03/2025 following the initial issuance of this order. At that time a plan of installing 3 gates and their locations was presented. Also listed was a door alarm installed on the front door and the removal of the previously installed door locks. POP was accepted and this plan was effective from 07/03/2025. An unannounced agency visit was completed by [SC] to the home on Saturday 07/05/2025 at 1:55pm. At the time of arrival, the front gate was closed on the front porch. Inside the home the 2 other gates were installed safely, and the door alarm was on the door. There were no door locks located on the front door of the home. The AFL staff and spouse were located in the downstairs area of the home with both children. Members were safe and participating in activities of their choosing. On the morning of 07/07/2025 DFS agency staff [SC] received a call from NCDHSR staff [surveyor] stating that the construction division consulted and the previously installed gates impede the emergency egress of the member should an emergency occur. NCDHSR staff was informed that even though the</p>	V 736		

Division of Health Service Regulation

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V 736	Continued From page 11 gates were installed over the weekend, the older child member in the home still opened the gate and attempted elopement through the front door of the home. AFL staff [AFL provider] was able to stop the member from eloping at the 2nd gate that was located on the front porch of the home. As of 07/07/2025 at 1:19pm the 3 gates that were previously listed in the prior POP have been removed. The door alarm on the front door of the home still remains on this door. Staff will continue to maintain supervision at all times of the two child-aged members currently residing within the facility. Husband of [AFL provider], will be in the home to assist as a natural support to the home. Note that [AFL provider's husband/Client #2's legal guardian] does work outside of the home during daytime hours. [AFL provider's husband/Client #2's legal guardian] will also work to complete the required AFL staffing training courses. Although he will remain a natural support in the home, completion of the adequate training courses will ensure he can provide total support in a time of need. Both members in the home also receive periodic day services throughout the week. The National Direct Support Professional shortage has played a part in locating staff for these members. At this time DFS has located additional staffing for these services to support the members during the daytime hours. DFS HR (human resources) and training team have marked these staff as a priority due to the exceptional need within this facility. Should the above listed Plan of Protection fail at any time, the staff of the home has been informed to contact the law enforcement agency (911) and contact Davidson Family Services main office or the after hours on call line [phone number]. Staff will also complete the required Incident Reporting form should this occur. [AFL provider] submitted photos of the	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 12</p> <p>removed gates at 1:19pm on 07/07/2025. Davidson Family Services will work with [AFL provider's husband/Client #2's legal guardian] to complete the training required that facility staff need. Although [AFL provider's husband/Client #2's legal guardian] will remain a natural support in the home, he will complete the necessary training to ensure he can provide total support to [AFL provider] during a time of need. A Davidson Family Services Administrative team member, either a Qualified Professional, Clinical Director, or Services Coordinator, will conduct daily communication with [AFL provider] either by phone call or text message to ensure that everything is well in the home and no additional support is needed. Davidson Family Services will continue weekly unannounced visits to the Ramona Taylor home (facility) for the next 30 days following the submission of this Plan of Protection. This weekly unannounced visit will be conducted by the assigned Qualified Professional of this home."</p> <p>Client #1 was 5 years old and was diagnosed with Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), and Global Developmental Delay. Client #2 was 11 years old and was diagnosed with ASD with accompanying language impairment, ADHD, Intellectual Developmental Disability, and Pica. Both clients were nonverbal. The AFL provider installed a special hinge lock on the interior of the front door to prevent the clients from leaving the facility. The hinge lock was a spring-loaded lock that prevented children from opening the door and would withstand 800 pounds of force. The AFL provider was notified verbally on 6/9/25 by DHSR's Construction Section that the use of this lock was against North Carolina Residential Building Code and needed to be removed</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/09/2025
NAME OF PROVIDER OR SUPPLIER RAMONA TAYLOR HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 53 RED VIEW DRIVE MARION, NC 28752		
(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 736	Continued From page 13 immediately. The AFL provider did not follow the directive of DHSR's Construction Section to remove the hinge lock from the front door. The use of the hinge lock required special knowledge to disengage, and neither client had such knowledge. Egress through the front door was not possible during an emergency due to the use of the hinge lock. The AFL provider did not remove the hinge lock when first instructed to do so during the 6/9/25 survey. The AFL provider neglected to ensure the safety of the clients by not having the front door readily openable from inside of the facility without the use of a key, or special knowledge, or effort. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 736		
V 772	27G .0304(d)(6) Residential Facilities Without Elevators 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (6) In a residential facility licensed under residential building code standards and without elevators, bedrooms above or below the ground level shall be used only for individuals who are capable of moving up and down the steps independently. This Rule is not met as evidenced by:	V 772		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/09/2025
NAME OF PROVIDER OR SUPPLIER RAMONA TAYLOR HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 53 RED VIEW DRIVE MARION, NC 28752		
(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 772	<p>Continued From page 14</p> <p>Based on record reviews and interviews, the facility failed to ensure a client bedroom which was above ground level was used for a clients who were capable of moving up and down steps independently during an emergency affecting 2 of 2 clients (#1, #2). The findings are:</p> <p>Review on 7/3/25 of Client #1's record revealed: -Date of admission: 10/25/24. -Age: 5 years old. -Diagnoses: Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Global Developmental Delay, Nonverbal.</p> <p>Review on 7/3/25 of Client #2's record revealed: -Date of admission: 10/1/23. -Age: 11 years old. -Diagnoses: Autism Spectrum Disorder with accompanying Language Impairment, ADHD, Intellectual Developmental Disability, Pica, Nonverbal.</p> <p>Review on 7/9/25 of the Division of Health Service Regulation's (DHSR) 2025 license renewal application dated 11/20/24 completed by the Licensee revealed: -"Current facility information - Ambulatory: A person who can evacuate the building without physical or verbal assistance during a fire or other emergency." -Number of residential clients currently served "2." -Number of ambulatory beds approved "2." -Number of non-ambulatory beds approved "0."</p> <p>Interview on 7/3/25 with the Alternative Family Living (AFL) Provider's husband/Client #2's Legal Guardian revealed: -Had been Client #2's legal guardian since 3/28/25.</p>	V 772		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/09/2025
NAME OF PROVIDER OR SUPPLIER RAMONA TAYLOR HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 53 RED VIEW DRIVE MARION, NC 28752		
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V 772	<p>Continued From page 15</p> <p>-Client #2 had lived with them for 5 years. -"When we do fire drills, we (AFL Provider and AFL Provider's husband/Client #2's Legal Guardian) have to go get them (Client #1 and Client #2) and lead them to the door."</p> <p>Interview on 7/3/25 with the AFL Provider revealed: -The construction surveyor said she was going to test the smoke alarms when she was at the facility on 6/9/25. She did not indicate it was a fire drill. -Client bedrooms were upstairs.</p> <p>Interview on 7/7/25 with the DHHS's Construction Section's Surveyor who completed the 6/9/25 survey revealed: -Initial DHHS Construction Survey in 2020 was approved for 2 ambulatory clients. -"The expectation is that anytime the smoke alarms sound, they (clients) should evacuate. No one evacuated (when smoke alarms sounded). We don't tell them (clients) it's a drill ... (evacuation) should be automatic." -"If clients don't have the ability to evacuate without verbal prompts or assistance, they (clients) are considered non-ambulatory." -The 2 clients who live in the facility are considered non-ambulatory and they have bedrooms on the 2nd floor of the facility. -Was very concerned about 2 non-ambulatory clients being unable to evacuate during an emergency as it had " ...potential devastating outcomes." -"She (AFL Provider) told me the boys (clients) could not get out (of the facility) without assistance."</p>	V 772		