STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
				A. BUILDING:			_D	
		MHL078-329		B. WING	R 07/10/202			
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
LIFE OPI	PORTUNITIES, INC-'S	TRIVING FOR A I		EOD ROAD INGS, NC 28	3377			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE: (MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
{V 000}	INITIAL COMMENT	гs		{V 000}				
	A follow up survey was completed on July 10, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or							
	Adolescents. This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.							
{V 364}	G.S. 122C- 62 Add Facilities	ditional Rights in 24 H	lour	{V 364}				
	§ 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone							

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

(X6) DATE TITLE

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL078-329		B. WING		R 07/10/2025		
					07/1	0/2025
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LIFE OPPORTUNITIES INC. STRIVING FOR A F			.EOD ROAD INGS, NC 28	3377		
(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 DEFICIENCY)	D BE	(X5) COMPLETE DATE
{V 364}	the client at the time collect to the receive (2) Receive visitors a.m. and 9:00 p.m. hours daily, two hours daily assupervision with incure of the consent of (4) Make visits out unless: a. Commitment possible to the client crime, include assault with a dead respondent was four insanity or incapable. The client was committed to the factor of Adult Consumitment to a consumit to a commitment to a consumit of Adult C	ace calls shall be paid for by e of making the call or made ing party; a between the hours of 8:00 for a period of at least six ars of which shall be after 6:00 ing shall not take precedence and meet under appropriate lividuals of his own choice of the individuals; aside the custody of the facility roceedings were initiated as ent's being charged with a ling a crime involving an ly weapon, and the lind not guilty by reason of e of proceeding; woluntarily admitted or cility while under order of correctional facility of the ing held to determine capacity it to G.S. 15A-1002; expressly authorize visits do by the existence of the ed by this subdivision; daily and have access to ment for physical exercise existing the determine capacity to G.S. 15A-1002; of G.S. 15A-1002;	{V 364}			

DIVISION	of Health Service Re	egulation					
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	A. BUILDING:		LETED	
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MHL078-329		B. WING	B. WING) 0/2025		
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NAME OF I	PROVIDER OR SUPPLIER		ET ADDRESS, CITY,				
LIFE OPPORTUNITIES INC. STRIVING FOR A F			MCLEOD ROAD				
		RED	SPRINGS, NC 2	8377			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE	
IAG	TREGOLITORY ON E	SO BENTA TARGETA GRAMMATION,	TAG	DEFICIENCY)			
0.7.00.43	0 " 15		0.4.00.43				
{V 364}	Continued From pa	ige 2	{V 364}				
	(9) Retain a driver	's license, unless otherwise	e				
	prohibited by Chap	ter 20 of the General Statu	tes;				
	and						
		o individual storage space t	for				
	his private use.						
		ne rights enumerated in G.	S.				
		S.S. 122C-57 and G.S.					
		6.S. 122C-61, each minor of	client				
		eatment or habilitation in a					
		the right to have access to)				
		vision and guidance. In	ina				
	individual, the mind	ninor's status as a develop	irig				
		able him to mature physica	lly				
		ctually, socially, and	my,				
		v of the physical, emotiona	ı				
		naturity of the minor, the	,				
		Il provide appropriate					
		on and control consistent v	vith				
		he minor pursuant to this F					
	The facility shall als	so, where practical, make					
		to ensure that each minor					
	client receives treat	tment apart and separate f	rom				
	adult clients unless	the treatment needs of the	e				
	minor client dictate						
		who is receiving treatment					
		24-hour facility has the righ					
		and consult with his parent					
		ency or individual having le	gai				
	custody of him;	onsult with, at his own expe	nee				
		responsible person and a					
		egal counsel, private	LIIO				
		mental health, developme	ntal				
		tance abuse professionals					
		sponsible person's choice;					
		ensult with a client advocate					
	there is a client adv		-,				
		d in this subsection may no	t be				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.		R	
		MHL078-329	B. WING			0/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LIFE OP	LIFE OPPORTUNITIES, INC-'STRIVING FOR A I					
RED SPR			INGS, NC 28			
(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 SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{V 364}	Continued From pa	ge 3	{V 364}			
{v 304}	restricted by the face may exercise these (d) Except as provof this section, each treatment or habilitathe right to: (1) Make and recedistance calls shall time of making the receiving party; (2) Send and receiving materials, powhen necessary; (3) Under approprivisitors between the p.m. for a period of hours of which shall visiting shall not take therapies; (4) Receive special training in accordance (5) Be out of doors recreation, and phybasis in accordance (6) Except as prohipersonal clothing and appropriate superviheld to determine to G.S. 15A-1002; (7) Participate in received and the safekeeping of (e) Have access to of his own money; and (10)Retain a driver prohibited by Chapte (e) No right enume of this section may	cility and each minor client erights at all reasonable times. ided in subsections (e) and (h) in minor client who is receiving ation in a 24-hour facility has live telephone calls. All long be paid for by the client at the call or made collect to the live mail and have access to ostage, and staff assistance at esupervision, receive the hours of 8:00 a.m. and 9:00 at least six hours daily, two libe after 6:00 p.m.; however are precedence over school or all education and vocational face with federal and State law; a daily and participate in play, resical exercise on a regular to with his needs; ibited by law, keep and use and possessions under sision, unless the client is being apacity to proceed pursuant to beligious worship; individual storage space for personal belongings; and spend a reasonable sum	{v 304}			

6899

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Division of Health Service Regulation

STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		MHL078-329	B. WING		07/1	0/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LIFE OPPORTUNITIES INC. STRIVING FOR A F			EOD ROAD INGS, NC 28	3377		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{V 364}	plan. A written state client's record that if for the restriction. Treasonable and related habilitation needs. A period not to excee each restriction shat qualified profession at which time the reach evaluation of documented in the rights may be renew statement entered the client's record the client's record the client's record the renewal of the restriction of right in each instance of of a restriction of right the client, the legal be notified of each or renewal of a restriction for it. Notificindividual or legally	ge 4 lient's treatment or habilitation ement shall be placed in the indicates the detailed reason he restriction shall be ated to the client's treatment or A restriction is effective for a d 30 days. An evaluation of all be conducted by the last least every seven days, estriction may be removed. A restriction shall be client's record. Restrictions on wed only by a written by the qualified professional in that states the reason for the liction. In the case of an adult been adjudicated incompetent, an initial restriction or renewal ghts, an individual designated upon the consent of the client, striction and of the reason for minor client or an incompetent ally responsible person shall instance of an initial restriction riction of rights and of the eation of the designated responsible person shall be ing in the client's record.	{V 364}			
	This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility restricted the rights of 3 of 3 clients (#1, #2, and #3) by restricting their access to food and failed to document the restriction as					

required. The findings are:

Division of Health Service Regulation

STATE FORM 6899 T4C912 If continuation sheet 5 of 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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LIFE OP	PORTUNITIES, INC-'S	TRIVING FOR A I		LEOD ROAD INGS, NC 2	3377		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE / MUST BE PRECEDED BY SC IDENTIFYING INFORM.	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{V 364}	Continued From pa	ge 5		{V 364}			
	-13 year old maleAdmitted on 4/11/2 -Diagnoses of Disrudiagnoses of Disrudiagnoses of Disrudiagnoses of Disrudiagnoses of Disrudiagnoses of Disrudiagnoses of DMD Anxiety Disorder, Mautism Spectrum Description or Qualified Profession days. Review on 7/10/25 of Diagnoses of DMD Anxiety Disorder, Mautism Spectrum Description or Qualified Profession days. Review on 7/10/25 of Diagnoses of DMD Disorder, ADHD, Polagnoses of DMD Disorder, ADHD, P	uptive Mood Dysregund Attention Deficit der (ADHD). of detailed reason for restriction reviewed nal (QP) as required of client #2's record DD, ADHD, Generalization detailed reason for detailed reason for estriction reviewed nal (QP) as required of client #3's record DD, Major Depressivost-traumatic Stress	ulation or the by a every 7 revealed zed oility and or the by a every 7 revealed: e Disorder or the by a every 7				
	approximately 11:56 revealed: -4 cabinet doors wit	terview on 7/10/25 a Sam a tour of the fac th locks, 1 of the 4 u e did not have a key	cility nlocked.				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		MHL078-329			07/1	0/2025
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S .EOD ROAD	STATE, ZIP CODE		
LIFE OPPORTUNITIES INC. STRIVING FOR A F			INGS, NC 28	3377		
(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 APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{V 364}	Continued From pa	ge 6	{V 364}			
	-The standing deep unlocked.	freezer had a locked but was				
	Observation 7/10/25 at approximately 3pm of the kitchen revealed: -Unlocked cabinets contained pop tarts, juice, apple sauce, dinner times and can goods.					
	Interview on 7/10/25 client #1 stated: -The cabinets and freezer were kept lockedHe was not allowed to get snacks when he wantedStaff gave them meals and snacks.					
	Interview on 7/10/25 client #2 stated: -The cabinets and freezer were kept lockedHe had to ask staff for snacks.					
	Interview on 7/10/2 -The cabinets and f -He had to ask staf	reezer were kept locked.				
		5 the home manager stated: reezer were kept locked.				
	stated:	5 the Program Manager				
	locked.	no longer supposed to be umentation of a rights				
	restriction.	the cabinets were not locked.				
	This deficiency con and must be correct	stitutes a re-cited deficiency ted within 30 days.				
{V 736}	27G .0303(c) Facili	ty and Grounds Maintenance	{V 736}			
	10A NCAC 27G .03	03 LOCATION AND				

6899

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		MHL078-329	B. WING		07/1	0/2025
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LIFE OP	PORTUNITIES, INC-'S	CIRIVING FOR A I	.EOD ROAD INGS, NC 28	3377		
(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)	D BE	(X5) COMPLETE DATE
{V 736}	Continued From pa	ige 7	{V 736}			
{V 736}	EXTERIOR REQUI (c) Each facility and maintained in a saft manner and shall be odor. This Rule is not me Based on observation was not maintained orderly manner. Th Observation and intapproximately 11:50 revealed: -Client #1's bedroon and uneven floor th -Client #2's bedroon whole about the siz -Client #3's bedroon bedroom door about holes in the front of quarter and grapefit the corner was lifte shape of a square a -The back bathroom blind slates. Interview on 7/10/2 stated: -The facility will cor -The clients caused	IREMENTS It its grounds shall be e, clean, attractive and orderly be kept free from offensive et as evidenced by: ion and interview, the facility in a clean, attractive and e findings are: Iterview on 7/10/25 at 6am a tour of the facility In door had 2 broken hinges iroughout the bedroom. In wall next to his bed had a se of a grapefruit. In had a hole in the back of the aut the size of a grapefruit and 2 If the door about the size of a ruit. The laminate flooring in d and a paint peeled in the about 4 inches. In window had about 7 broken 5 the Program Manager Intinue to make repairs. If the damage at the facility. Institutes a re-cited deficiency	{V 736}			

6899