If continuation sheet 1 of 14

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL042-055 06/27/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **804 AURELIAN SPRINGS ROAD** LYONS ANGELS **ROANOKE RAPIDS, NC 27870** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on 6/26/25. The complaint was unsubstantiated (intake #NC00231512). 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 clients. V 318 13O .0102 HCPR - 24 Hour Reporting V 318 10A NCAC 13O .0102 **INVESTIGATING AND** REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1). including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). RECEIVED BY This Rule is not met as evidenced by: MHL & C 8/15/25 Based on record review and interview, the facility failed to report an allegation of neglect and abuse to the Health Care Personnel Registry (HCPR) within 24 hours of becoming aware of the Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 318	(AFL) Provider's ru- Hired: 10/27/0 Title: AFL Provider's ru- Review on 6/17/2 Admit date: 2/ Diagnoses: So Intellectual Disabi Disorder moderate Use Disorder, Rhu- Facility incide am that revealed: "Staff (AF- client (Client #1). Supervisor (Qualistaff called 9110 from going over the word] put in the hu- "AFL Provider contacted for nex 6/6/25" Review on 6/18/2 Improvement Sys Level III incident provider completure in RIS report word in Review on 6/18/2 Investigation Sum	dings are: 5 of the Alternative Family Living ecord revealed: 19 vider 5 of Client #1's record revealed: 15/24 chizophrenia unspecified, lity/Intellectual Development e, Bipolar Disorder, Tobacco eumatoid Arthritis nt report dated 6/6/25 at 7:40 6 L Provider) went to check on Client were weak. Staff called fied Professional (QP#1)) and Client had [illegible word] bruises ne floor all night. Client [illegible ospital today 6-6-25" vider reported issue this AM via QP#1) and AFL spoke to ogram Manager) has been at steps. Incident Response stem (IRIS) revealed: lent on 6/13/25 of allegations of #1's guardian against the AFL led by the Program Manager vas submitted on 6/16/25 25 of facility's internal manay revealed:	V 318	Our agency takes all allegation of abuse with the highest levis seriousness. Policies and staregulations require that every allegation be reported immediant documented through a completed incident report. The documentation is critical for ensuring the safety and well-of the individuals we serve, it timely investigations, and macompliance with all legal and regulatory requirements. In this instance, the required report for the allegation of at was not completed as mand. This represents a breach of policy and does not reflect the accountability we uphold. The address this matter through incident reporting procedure reporting requirements, and measures to prevent recurre. We remain committed to prother incident reporting that all staff their reporting responsibilities.	el of ate // diately his being nitiating aintaining I incident ouse ated. agency he standards of care and including retraining on s, reinforcing mandated implementing oversight ence. otecting ndividuals in our care understand and fulfill es.
	- "Date(s) of Ir - "Introduction June 6. 2025, Pro	nvestigation 6/6/25-6/12/25" - On the afternoon of Friday, ogram Coordinator, [Program ontacted by Guardian, [Client #1's	5		en transfer of Strong transfer The transfer

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: MHL042-055 B. WING 06/27/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **804 AURELIAN SPRINGS ROAD** LYONS ANGELS **ROANOKE RAPIDS, NC 27870** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 318 Continued From page 2 V 318 legal guardian]. [Client #1's legal guardian] reported concerns that her sister, [Client #1] was being neglected by AFL Staff, [AFL Provider]...At 2:05pm on Friday, June 6. 2025, QP (Qualified Professional) [QP#2] was contacted by [Program ManagerI to be briefed on the situation and begin investigation." Client #1's guardian was interviewed on 6/9/25 and 6/13/25 and "expressed serious concerns about the care [Client #1] had been receiving from [AFL Provider]" including proper nutrition, weight loss, unexplained bruising. proper medical care and hygiene Interview on 6/18/25 and 6/26/25 Client #1's legal guardian reported: Client #1 went to the hospital on 6/6/25 and remained in critical condition Client #1 was dirty and had unexplained bruises and sores when she arrived at the hospital on 6/6/25 The hospital determined since her (Client #1) admission on 6/6/25 that she had an untreated fracture in her arm Client #1 was malnourished and dehydrated She initially notified the facility staff on 6/6/25 of her concerns of neglect and abuse She had made prior allegations on 1/30/25 and 3/9/25 Interview on 6/17/25 the QP #1 reported: An internal investigation had been completed regarding Client #1's legal guardian's allegations Client #2 was moved from the facility until the investigation was completed The QP #2 completed the investigation and the Program Manager spoke with Client #1's legal guardian and completed the reporting for the incident

Division of Health Service Regulation

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		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPLI	
1 :		of the N	MHL042-055	B. WING		06/27	/2025
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		Interview on 6/18/2	5 the QP #2 reported:		A COLUMN TO A STATE AND THE	100	
		- She assisted w	vith the internal investigation of				
		the allegations of a	buse and neglect for Client #1	1	the contract of a		
			nt reports were completed by		A the same filter than 5 and 5		· e
			nd were sent to the QP#1				•
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		in this case, the Pr	ogram Manager completed it		principal to the particular and		
		Interview on COEF	E the Dregrem Manager				
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		reported:	nduct the internal investigation		The second of the second of the second		
		but was aware of i			The state of the s	, y 21,	
		- The QP #2 co	mpleted the investigation but		accept for your	trape into	
		she submitted the			1000 Julian (200 St. 100 St. 1		
١		- Client #2 was	moved from the facility while	f. a*	the rest through the territory	10000	**
		the investigation w	as completed			1777	8
		- "Typically the	QP submits the IRIS reports bu				
١			a team player, sometimes I wil	1	et promote additi		
١		do it to get it done			Carpeter of the state of the		
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١		hospital it was bed	cause it was just medical" pal guardian later stated she fel		and the second of the second o		
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ı		- "Went on and	just did the investigation		No. of the Research of the State of the Stat		
1		because she cried	wolf before but immediately		John Charles and the con-	1.0	
			etime around the end of 2024 of	or	April 1980		
		beginning of 2025					
		- When the IRI	S report was completed on	1			i i
	;	6/16/25, she did to	he HCPR notification that same		ag market discontinue		
-		- They reached	l out and said they had assigne	ed	Approximate the street of the		-
	:		uld be following up	7		:	
						1. sv	
		Interviews on 6/17	7/25 and 6/26/25 the AFL		res PositiVa		. 1
		Provider reported			. 10 13 11 11 11 11 11 11		
			ceived a complaint on 6/6/25				
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	1	hospital	he OP#1 about Client #1's				1
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Division of Health Service Regulation STATE FORM

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<u>. </u>		MHL042-055	B. WING_		06/2	27/2025
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V 318	Continued From pa	ge 4	V 318		2.1	
	- Client #1's legal all these allegations - She submitted the QP#1 on 6/6/25 - An internal inversions of the internal folials - Client #2 was removed the course of the internal folials - Client #2 was removed.	ng of 6/6/25 and called 911 iguardian had been "calling in of abuse and neglect he facility incident report to stigation was completed and yed from her care during the all investigation from 6/6/25-w who was responsible for R report				
V 367	27G .0604 Incident F	Reporting Requirements	V 367			1
	10A NCAC 27G .060 REPORTING REQU CATEGORY A AND I (a) Category A and I level II incidents, exc the provision of billat consumer is on the p incidents and level II to whom the provider 90 days prior to the ir responsible for the caservices are provided becoming aware of the be submitted on a for Secretary. The report n person, facsimile o means. The report si nformation: 1) reporting prodentification informat 2) client identif 3) type of incid 4)	INCIDENT IREMENTS FOR B PROVIDERS B providers shall report all ept deaths, that occur during ble services or while the roviders premises or level III deaths involving the clients rendered any service within ncident to the LME atchment area where I within 72 hours of the incident. The report shall m provided by the t may be submitted via mail, or encrypted electronic hall include the following povider contact and incident; effort to determine the				

	of Health Service Re	egulation		T ACMOTOMOTION	(X3) DATE SURVEY
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	(C) other ind	ividuals or authorities notified	1	Tallyon of a State of the	
	\-/	IVIQUAIS OF AUTHORITIES HOTHICG			1.5
	or responding.	d B providers shall explain any			
	missing or incomp	lete information. The provider			
	chall cubmit an un	dated report to all required			
	report recipients by	y the end of the next business		to the second of	7 5
	day whenever:	y (1.0 01.1 0. 1.1 1.1 1.1 1.1 1.1 1.1 1.1		Jane 2 and Francisco	A
	(1) the provi	der has reason to believe that		The same and the same of the s	** 1 .* .*
	information provide	ed in the report may be	1		6
	erroneous, mislea	ding or otherwise unreliable; or			
	(2) the provi	ider obtains information		and the state of the state of	
	required on the inc	cident form that was previously	1		
	unavailable.			The second second second	
j.	(c) Category A an	d B providers shall submit,			
	upon request by the	ne LME, other information		1 Whit 2.7 1.47 1.7 %.	1 1
	obtained regarding	g the incident, including:		na stalikettisa e.	
		records including confidential			
7	information;				
		by other authorities; and			
	(3) the prov	rider's response to the incident.	. 1	ent our town the of	
	(d) Category A ar	nd B providers shall send a copy	/		
	of all level III inclu	lent reports to the Division of evelopmental Disabilities and			
	Mental Health, De	Services within 72 hours of			
1	becoming aware	of the incident. Category A			
1.	providers shall se	end a copy of all level III		15 15 15 15 15 15 15 15 15 15 15 15 15 1	
	incidente involvine	g a client death to the Division of	of		
1	Health Service Re	egulation within 72 hours of			
	becoming aware	of the incident. In cases of			
	client death within	n seven days of use of seclusion	n		
	or restraint, the p	rovider shall report the death			•
10	immediately, as r	equired by 10A NCAC 26C		1	a ti
	0300 and 10A N	CAC 27E .0104(e)(18).			
1	(e) Category A a	nd B providers shall send a		VALUE *	
	report quarterly to	o the LME responsible for the		posts and a section of	
	catchment area v	where services are provided.		Terretty, N	***
	The report shall	be submitted on a form provided	d		
	by the Secretary	via electronic means and shall			
	include summary	information as follows:		2 th 2 th	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER-A. BUILDING: COMPLETED B. WING MHL042-055 06/27/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **804 AURELIAN SPRINGS ROAD** LYONS ANGELS **ROANOKE RAPIDS, NC 27870** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 367 Continued From page 6 V 367 medication errors that do not meet the definition of a level II or level III incident; restrictive interventions that do not meet the definition of a level II or level III incident: searches of a client or his living area; (3)(4)seizures of client property or property in the possession of a client; the total number of level II and level III incidents that occurred; and a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: The incident was documented upon discovery of the omission and Level III was reported to as required. Based on record review and interviews, the Program Manager will conduct supervision to make facility failed to report a Level III incident to the sure staff is aware of incident reporting guidelines. Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours. The findings are: Review on 6/17/25 of Client #1's record revealed: Admit date: 2/5/24 Diagnoses: Schizophrenia unspecified, Intellectual Disability/Intellectual Development Disorder moderate, Bipolar Disorder, Tobacco Use Disorder, Rheumatoid Arthritis Facility incident report dated 6/6/25 at 7:40 am that revealed: - "Staff (AFL Provider) went to check on client (Client #1). Client were weak. Staff called

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	staff called 911C from going over th word] put in the ho - "AFL Prov phone. Both me (C guardian. PM (Pro contacted for next 6/6/25"	ied Professional (QP#1)) and client had [illegible word] bruises e floor all night. Client [illegible espital today 6-6-25" ider reported issue this AM via QP#1) and AFL spoke to ogram Manager) has been esteps. Incident report done	+3			
į.	Improvement System Level III incide neglect by client # Provider complete	5 of the Incident Response tem (IRIS) revealed: ent on 6/13/25 of allegations of e1's guardian against the AFL ed by the Program Manager as submitted on 6/16/25	, to			*
	Investigation Sum - "Date(s) of In - "Introduction June 6. 2025, Pro Manager] was co legal guardian]. [Greported concernate being neglected to 2:05pm on Friday Professional) [QF Manager] to be investigation." - Client #1's green for the following from [African form for the following from [African for the following from for the following from for the following from for for for the following from [African for the following from for	vestigation 6/6/25-6/12/25" - On the afternoon of Friday, ogram Coordinator, [Program ntacted by Guardian, [Client #1's Client #1's legal guardian] is that her sister, [Client #1] was by AFL Staff, [AFL Provider] At any June 6. 2025, QP (Qualified P#2] was contacted by [Program riefed on the situation and begin uardian was interviewed on 25 and "expressed serious the care [Client #1] had been and proper toos, unexplained bruising,				
	quardian reporte	3/25 and 6/26/25 Client #1's lega d: nt to the hospital on 6/6/25 and	d			

Division of Health Service Regulation STATE FORM

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	remained in critical - Client #1 was d bruises and sores w hospital on 6/6/25 - The hospital de admission on 6/6/25 fracture in her arm - Client #1 was m - She initially notion of her concerns of n - She had made y and 3/9/25 Interview on 6/17/25 - An internal investigation was con- investigation was con- The QP #2 com-	condition irty and had unexplained when she arrived at the termined since her (Client #1) that she had an untreated alnourished and dehydrated fied the facility staff on 6/6/25 eglect and abuse prior allegations on 1/30/25 the QP #1 reported: stigation had been completed legal guardian's allegations oved from the facility until the				
	guardian and submit Interview on 6/18/25 - She assisted with the allegations of about - Internal incident the AFL Provider and - QP #1 typically d case, the Program M Interview on 6/25/25 reported:	the QP #2 reported: In the internal investigation of use and neglect for Client #1 reports were completed by were sent to the QP#1 id IRIS reports but in this				ecces
	 Client #2 was mothe investigation was The QP #2 compishe submitted the IRI "Typically the QP 	eted the investigation but				

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V 301	*					
	do it to get it done"					
	 IRIS report sta 	ted that the incident occurred			5	
*	on 6/13/25 becaus	e "when she first went to the				
	hospital it was bec	ause it was just medical"				
		al guardian later stated she felt			411 2	
	it was neglect					
	- "Went on and	just did the investigation		4 A 8 A 2 8 A		
	because she cried	wolf before but immediately atime around the end of 2024 o	-			
	beginning of 2025					
	Intensions on 6/17	1/25 and 6/26/25 the AFL				
	Provider reported:					
	The facility red	ceived a complaint on 6/6/25				lat .
	herause Client #1	was sick and admitted to the				
	hospital	Trao olon and administration			1.0	
	- She notified th	ne QP#1 about Client #1's				
	condition the more	ning of 6/6/25 and called 911	1			
	- Client #1's led	gal guardian had been "calling i	n		1.5	
+0	all these allegation	ns" of abuse and neglect	1	The second of		
	- She submitte	d the facility incident report to				
	the QP#1 on 6/6/2	25				
	- An internal in	vestigation was completed and		- 27		
	Client #2 was rem	noved from her care during the		to the state of the second		
		rnal investigation from 6/6/25-		The state of the s		
	6/10/25					
		now who was responsible for				
	completing the IR	IS report				
100						
V 54	0 27F .0103 Client Grooming	Rights - Health, Hygiene And	V 540		* 0	
		0400 HEALTH INCIDE				
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	AND GROOMING				* * .	
	(a) Each client s	hall be assured the right to	_	La Company Company		
1.	dignity, privacy a	nd humane care in the provisio	11)			
1	of personal healt	h, hygiene and grooming care.	4		8 8 7 ,	
		include, but need not be limite	u ,		7	
	to the:					

RSKM11

PRINTED: 06/27/2025 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B: WING_ MHL042-055 06/27/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **804 AURELIAN SPRINGS ROAD** LYONS ANGELS **ROANOKE RAPIDS, NC 27870** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 10 V 540 opportunity for a shower or tub bath daily, or more often as needed; (2)opportunity to shave at least daily: (3) opportunity to obtain the services of a barber or a beautician; and provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil. (b) Bathtubs or showers and toilets which ensure individual privacy shall be available. (c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available. A STATE OF S This Rule is not met as evidenced by: Qualified Professional will provide supervision with AFL Provider in regards proper cleanup Based on observation, record review and residents. Residents will have the right to privacy. interviews, the facility failed to assure 1 of 2 audited current clients (#1) maintained their rights Our agency is fully committed to protecting the privacy to privacy. The findings are: and dignity of every individual served. All staff are expected to uphold these rights at all times Review on 6/17/25 of Client #1's record revealed: in accordance with state and federal laws and agency Admit date: 2/5/24 policy. Noncompliance will not be tolerated and may result in disciplinary action up to and including Diagnoses: Schizophrenia unspecified. Intellectual Disability/Intellectual Development termination. Disorder moderate, Bipolar Disorder, Tobacco Use Disorder, Rheumatoid Arthritis Treatment plan dated 2/5/25 with an identified goal to reduce incidents of smearing feces Observation on 6/17/25 at 12:20pm of no water hose attached to the spigot at the back of the facility.

Division of	of Health Service Re	egulation				1
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPLI	
	r De Arges	MHL042-055	B. WING		06/27	/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY,	STATE, ZIP CODE	A	
		804 AURE	LIAN SPRIN	IGŞ ROAD		
LYONS A	NGELS	ROANOK	RAPIDS,			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT 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 540	Continued From pa	age 11	V 540			9 1.6
	Interview on 6/18/2	5 Client #1's legal guardian		La appropriate the control of the		
	reported:			5 HF 19 3 294 H 6 1 W		2
	- In April, she ma	ade an unnannnounced visit to		probability of pulse the pro-	1	
		ent #1 was outside at the back	:	Compared to the Compared Compa		
5	, T	woman that was not a facility		iĝa" µn"a ° ′an		. 1
1	staff	t		tidos planos a santara ta latera. Quanto en crado interalibilita		
	- Client #1's par	nts were down and it appeared as going to spray her with a		A STATE OF THE PARTY OF THE STATE OF THE STA		
	water hose	as going to spray her with a		The second secon		<i>a.</i>
		e Family Living (AFL) Provider	4.03	PARTIE OF THE MAN PERSON		
		ility when she arrived		See and the second second		
:	- There were ho	ouses around the facility and				6
-	neighbors would h	ave been able to see Client #1	1,00	I the last the terminal and the second		
*	standing outside			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		*
				Shipping start, Inch. Amer		
2		25 the Qualified Professional		diam type the flow he		·
i	(QP#1) reported:	1 P 1 1		45 × 1 1 171 **		
	- Client #1's leg	al guardian had spoken with				
	her about seeing (Client #1 outside with her pants as "public humiliation"				
	She met with	the AFL Provider about the				
	incident	WIE ALE TIOVIDE LABOUR WIS		The premium and the		:
1		ider reported that Client #1 had		TO SERVICE WEST OF		
	a bowel movemen	nt while in the facility van and		graph of the filter of the con-	100	
1	when they arrived	at the facility, she was outside			A Avg Color	
		before going inside	1			
		ider had also reported that				
	Client #1 was goir	ng outside to get water because				
		oes at her mom's house" and down when walking outside		Late Committee C		
1	Client #1's lov	gal guardian had reported that	1			
1	- Client #1's leg	ng hosed off with a water hose,				
	but the AFI Provide	der did not have a water hose a	t		eline o	1
	the facility				ie da	
1				The second of a		
	The state of the s	/25 the Program Manager				
	reported:			desired and the second second		
	- Client #1's leg the incident with (facility with the wa	gal guardian recently reported Client #1 in the back of the ater hose to her		THE SERVE SERVED IN		

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	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	West Company of the C	PLE CONSTRUCTION 3:		E SURVEY
	1.4.	MHL042-055	B. WING		06/	27/2025
NAME O	F PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY.	STATE, ZIP CODE	214	LIILULU
LYONS	ANGELS		ELIAN SPRI			
21010	<u> </u>	ROANO	KE RAPIDS, I			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 540	Continued From pa	age 12	V 540	19 B (1944 B)		
	- When the AFL she stated that Clie and fell down - She was "not she became a part of the Thought that the AFL Provider re "it is suspect and jungrew up doing in the can do it now" Interview on 6/17/25 - There was a das sitting in the kitchen and Client #1 walker handful of feces - Client #1 wanted on her own and the wher	Provider was asked about it, and #1's pants were too large ure how the water hose the equation" the QP#1 had supervision with garding the incident because st because it's something you be country doesn't mean you so the AFL Provider reported: by that the AFL Provider was of the facility with a friend do through the kitchen with a solution of the go outside, went outside AFL Provider's friend followed				
	around her ankles Client #1's legal for a visit while Clien friend were outside Client #1's legal AFL Provider's friend off with a water hose hose at the facility The AFL Provide #1's hands at the spi Client #1's pants they were too big Client #1's legal of pants she was wearing the elastic waist pants bought for Client #1 Interview on 6/25/25 the	had fallen down because guardian had bought her the ng because she did not like s that the AFL Provider had the AFL Provider reported: nt with Client #1 in the back				
	the elastic waist pant bought for Client #1 Interview on 6/25/25 t	the AFL Provider had the AFL Provider reported: nt with Client #1 in the back				3.40

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STATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED 06/27/2025
r regg		MHL042-055		CTATE ZID CODE	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S 804 AURELIAN SPRIN LYONS ANGELS ROANOKE RAPIDS, N			NGS ROAD NC 27870	4 (20 0.00 0.1	
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V 540	and lead her outside - Client #1's par outside, but her ad remained up	ad taken Client #1 by the hand de to wash her hands its fell down while walking full incontinence underwear at the door while her friend	V 540	de estada	
				RECEINAUG 1:5 DHSR-MH Licens	2025 sure Sect
				AND AND THE STATE OF	