Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	
			7.1.20.25.110.		С
		MHL034-399	B. WING		08/22/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E. ZIP CODE	
			ELY WAY		
HOME OF	A SECOND CHANCE, I		HALL, NC 27045		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	
V 000	INITIAL COMMENTS		V 000		
	The complaint was un #NC00232905). A def	ficiency was cited.			
	_	d for the following service 27G .1700 Residential re for Children or			
	_	d for 4 and has a current ey sample consisted of ents, 1 former client.			
V 296	27G .1704 Residentia Staffing	ıl Tx. Child/Adol - Min.	V 296		
	10A NCAC 27G .1704 REQUIREMENTS (a) A qualified profess telephone or page. A able to reach the facil times. (b) The minimum nur required when childre present and awake is (1) two direct ca one, two, three or four (2) three direct for five, six, seven or adolescents; and (3) four direct ca nine, ten, eleven or twa adolescents. (c) The minimum nur during child or adoles follows: (1) two direct ca	sional shall be available by direct care staff shall be ity within 30 minutes at all mber of direct care staff n or adolescents are as follows: are staff shall be present for r children or adolescents; care staff shall be present eight children or			

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
74101244	or connection	IDENTIFICATION NO.	A. BUILDING: _			
		MHL034-399	B. WING		08/2	2/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
HOME OF	A SECOND CHANCE, I	6891 NEEI RURAL HA	LY WAY ALL, NC 27045			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 296	Continued From page	e 1	V 296			
	Continued From page 1 (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.					
	review, the facility fail	n, interview and record ed to maintain minimum g 2 of 2 audited current				
	Observation on 8/20/2 of the facility revealed -Client #2 and staff #	25 at approximately 2:55pm d: 1 was present at the facility. Client #2's record revealed: /30/24.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					С	
		MHL034-399	B. WING		08/22/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
HOME OF	A SECOND CHANCE, I	6891 NEEL RURAL HA	LY WAY ALL, NC 27045			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 296	Continued From page 2		V 296			
	Autism Spectrum Disc -Age: 12.					
	-Date of admission: 4	ent Disorder, Attention y Disorder, Insomnia				
	Attempted Interview on 8/20/25 with Clients #2 revealed: -Unwilling to answer any questions.					
	Interview on 8/20/25 with Staff #1 revealed: -He worked with one client from 9am to 3pm while the client was attending virtual school at the facility.					
	-Had normally worked most part."	with Staff #3 revealed: I with another staff, "for the s when only one staff would				
	Professional revealed	one staff was working on				

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