STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			D WING			
		MHL036-410	B. WING		09/1	0/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MC DOE	MO POROTUNIO LIGUAS 1014 ATHENIAN DRIVE					
M9. DOF	ROTHY'S HOUSE	GASTON	A, NC 28052	2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	on September 10, 2	plaint survey was completed 2025. The complaint was take #NC00233006). A				
	category: 10A NCA	sed for the following service C 27G .1700 Residential cure for Children and				
	census of 3. The su	sed for 4 and has a current urvey sample consisted of clients and 1 former client.				
V 112	27G .0205 (C-D) Assessment/Treatn	nent/Habilitation Plan	V 112			
	PLAN (c) The plan shall be assessment, and in legally responsible of admission for clie receive services be (d) The plan shall i	DELITATION OR SERVICE the developed based on the partnership with the client or person or both, within 30 days tents who are expected to yond 30 days. Include:				
	achieved by provision projected date of act (2) strategies; (3) staff responsible (4) a schedule for responsible for responsible (4).	e; review of the plan at least ition with the client or legally				
	(5) basis for evaluationoutcome achievement(6) written consent responsible party, or	ation or assessment of				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL036-410	B. WING		09/1	0/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MS. DOR	OTHY'S HOUSE		ENIAN DRIV			
	OLIMANA DV. OTA		A, NC 28052			4.5
(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 112	Continued From pa	ge 1	V 112			
	obtained.					
	This Rule is not me	et as evidenced by:				
	This Rule is not met as evidenced by: Based on record reviews and interviews, the					
	facility staff failed to develop and implement goals					
	and strategies to meet the individual needs of 1 of 1 Former Client (FC #3). The findings are:					
	Review on of FS #3	R record revealed				
	-Admission date of	1/9/25.				
		ositional Defiant Disorder,				
	Autism Spectrum D	Generalized Anxiety and Disorder.				
	-History of sexual tr	auma, suicidal thoughts and				
		l ideation, aggression , oriate sexual language and				
	anger outbursts.	mate sexual language and				
	-Discharge date of	7/30/25.				
	Review on 9/8/25 o	f the facility's internal incident				
	reports revealed:	•				
	-On 1/20/25 FC #3 website and lost his	was caught on a pornography				
		nad his tablet priviledges				
	revoked for watchin	ng pornography on two				
		claimed he engaged in sexual ged client, but then recanted				
	his statement.	ged chemi, but them recamed				
	-On 4/8/25 FC #3 m	nade inappropriate comments				
	to a female peer an	d made sexual comments to a				

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male peer about sexual acts.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL036-410	B. WING		09/1	0/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MS. DOF	ROTHY'S HOUSE		ENIAN DRIV A, NC 28052			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 112	Continued From pa	ge 2	V 112			
		w with FC #3 on 9/9/25 and al Guardian/Grandmother did				
	Interview on 9/10/25 with Client #1 revealed: -Did not know FC #3Had not heard any other clients making sexual comments.					
	-Admitted to hearin comments. -Did not know if FC with other clients.	5 with Client #2 revealed: g FC #3 make sexual #3 engaged in sexual acts k and watch pornography on				
	revealed: -FC #3 said he had client but did not sa -After FC #3 disclos another client, he ir playingMade an incident r told herNever witnessed F to other clientsNo other clients co	sexual contact with another by who. Seed he had sexual contact with amediately said he was just report regarding what FC #3 FC #3 make sexual comments complained to her that FC #3 comments and making them				
	her during intake.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
		MHL036-410	B. WING		09/	10/2025	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1014 ATHENIAN DRIVE GASTONIA, NC 28052							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 112	more than one occa-"He would brag to receiving money for -No clients complain sexual comments number -Would be sure to the information during it -Would add goals, so	asion. the other clients about	V 112				

6899

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