

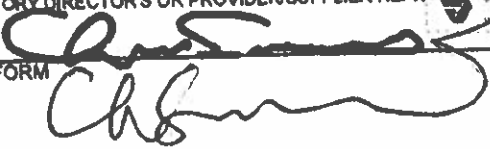
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL061-181	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1289 RIDGE ROAD ANGIER, NC 27601
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on August 28, 2025. The complaints were substantiated (Intakes #NC00232051, NC00232055 and NC00232802). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p> <p>A sister facility was identified in this report. The sister facility will be identified as sister facility B. The clients and staff will be identified using the letter of the facility and a numerical identifier.</p>	V 000	<p>RECEIVED AUG 30 2025 DHSR-MH Licensure Sect</p>	
V 106	<p>27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(8) use of medications by clients in accordance with the rules in this Section;</p> <p>(9) reporting of any incident, unusual occurrence or medication error;</p> <p>(10) voluntary non-compensated work performed by a client;</p> <p>(11) client fee assessment and collection practices;</p> <p>(12) medical preparedness plan to be utilized in a medical emergency;</p> <p>(13) authorization for and follow up of lab tests;</p> <p>(14) transportation, including the accessibility of</p>	V 106		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPR:	 <small>Verified by [Signature] Date: 9/27/25</small>	TITLE Director	(X6) DATE 9/27/25
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V 106	<p>Continued From page 1</p> <p>emergency information for a client; (15) services of volunteers, including supervision and requirements for maintaining client confidentiality; (16) areas in which staff, including nonprofessional staff, receive training and continuing education; (17) safety precautions and requirements for facility areas including special client activity areas; and (18) client grievance policy, including procedures for review and disposition of client grievances. (b) Minutes of the governing body shall be permanently maintained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement written policies for transportation. The findings are:</p> <p>Review on 7/15/25 of former staff (FS) #10's personnel record revealed: - Hired 4/23/25 - A driver's license issued 3/4/22 and expired on 3/8/25</p> <p>Review on 8/13/25 of a police report dated 6/20/25 from a neighboring county Sheriff's Department revealed: - "...I (officer) gave [FS #10] tickets for driving without a license...and fictitious tags as I saw him (FS #10) driving on Ridge road before his arrival to the group home (facility)..."</p> <p>Review on 8/13/25 of the facility's transportation</p>	V 106	<p>V106 [REDACTED] will ensure that all staff have driver's licenses and registrations, and that they are current upon hire and document the expiration date. Prior to the expiration date [REDACTED] will request the renewal of the license/ insurance/ tags. This review will be done quarterly starting 9/27/2025.</p> <p>Note Staff #10 never had a discussion with either owner about his license and registration being expired.</p>	9/27/25

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V 106	<p>Continued From page 2</p> <p>policy revealed:</p> <ul style="list-style-type: none"> - "Drivers license checks will be done yearly" - "It is recommended that no client be transported in personally owned vehicles if a UFN (United Family Network/Licensee) vehicle is available." - Guidelines to ensure the UFN vehicles were in compliance with motor vehicle laws such as ensuring vehicles had renewed tags and inspections and the drivers adhered to all of the existing motor vehicle laws and regulations - There were no guidelines to ensure staffs' personal vehicles were in compliance with motor vehicle laws and regulations <p>Interview on 8/12/25 clients #1, #2, #3 and #4 reported:</p> <ul style="list-style-type: none"> - They were transported from the UFN office to the facility in FS #10's personal vehicle <p>Interview on 8/25/25 FS #10 reported:</p> <ul style="list-style-type: none"> - Started working in the facility 3 months ago and he transported the clients in his personal vehicle - Was instructed by the Qualified Professional (QP)/Director/Co-Owner #1 to transport the clients in his personal vehicle - The facility had "a bunch of vehicles" including a "15 passenger sprinter van" - Staff were not allowed to use the UFN vehicles to transport the clients - His driver's license and vehicle registration had expired - The QP/Director/Co-Owner #1/Co-Owner #1 knew his driver's license and vehicle registration had expired because he told him when he was hired - The QP/Director/Co-Owner #1 took the picture of his driver's license and said "okay, just get it (driver's license and registration renewals) 	V 106	<p>V106 [redacted] safety officer performs visual safety inspections of all vehicles at least quarterly. A safety inspection of all cars will be performed prior to clients ridding in staff car.</p> <ul style="list-style-type: none"> - [redacted] will document safety review of staff cars at least quarterly. - [redacted] will revise transportation policy to include staff transporting clients in thier personal cars. The language preferred will be removed. UFN has insurance covering staff owned/ nonowned automobiles since we started in 2003. 	9/27/25
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V 106	<p>Continued From page 3</p> <p>done as fast as possible"</p> <ul style="list-style-type: none"> - He started transporting clients 4 to 5 days later without renewing his driver's license or registration - The QP/Director/Co-Owner #1 didn't express any concerns with him transporting the clients and he transported 2 to 3 clients at a time <p>Interview on 8/18/25 the Associate Professional (AP)/Co-Owner #2 reported:</p> <ul style="list-style-type: none"> - Was responsible for completing the hiring process, but the QP/Director/Co-Owner #1 hired FS #10 - Was responsible for reviewing the staff's driver's license upon hire - FS #10 transported clients from the UFN office to the facility - Was unaware FS #10's driver's license and vehicle registration had expired - Was unaware FS #10 had fictitious tags on his personal vehicle <p>Interview on 7/15/25 the QP/Director/Co-Owner #1 reported:</p> <ul style="list-style-type: none"> - FS #10 was trespassed from the facility on 6/20/25 and terminated on 6/24/25 <p>Interview on 8/18/25 and 8/28/25 the QP/Director/Co-Owner #1 reported:</p> <ul style="list-style-type: none"> - He developed the UFN's transportation policy and he "need to change the policy" - Staff were allowed to transport clients in UFN vehicles or their personal vehicles - The AP/Co-Owner #2 was responsible for checking the staff's driver's license when they were hired - He was UFN's safety officer, and he conducted annual "basic visual inspections" on both the UFN vehicles and the staffs' vehicles - He didn't inspect FS #10's vehicle prior to FS 	V 106		

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V 106	Continued From page 4 #10 transporting clients and he "I don't know how that (FS #10's vehicle inspection) slipped through" - "We (he and AP/Co-Owner #2) missed it (FS #10's expired driver's license and registration)...I didn't catch it" - Knew FS #10 transported clients in his personal vehicle - Didn't know FS #10's driver's license and vehicle registration had expired - Didn't know FS #10 had fictitious tags on his personal vehicle - FS #10 didn't tell him his license and registration had expired when he hired him	V 106		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care	V 132		

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V 132	Continued From page 5 facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure allegations of abuse and neglect were reported to the Health Care Personnel Registry (HCPR) within 5 days of being notified. The findings are: Review on 7/15/25 of former staff (FS) #10's personnel record revealed: - Hired 4/23/25 Finding A: Review on 7/16/25 of the facility's records revealed: - An incident narrative (no date) written by the Qualified Professional (QP)/Director/Co-Owner #1 revealed: "At approximately 9:00 am 6/26/2025 client [client #1] reported to [QP/Director/Co-Owner #1]...He (client #1) stated [FS #10] started joking him..." - Client #1's handwritten statement dated 6/21/25: "...Then another time he [FS #10]...called [client #4] fat..." - Client #4's handwritten statement dated 6/20/25: "...I also Remember him (FS #10)...makin rude remarks toward [client #1]..." - Client #4's second handwritten statement	V 132	V132 United Family Network Inc. takes abuse, neglect, and exploitation in any form seriously. This incident was very complex with many moving parts. United Family Network will report all allegations of abuse and neglect to the Health Care Registry within 5 days of being notified. [REDACTED] will report allegation in Iris and use the HCPR reporting form in IRIS. This will be monitored per incident. If an allegation occurs like this with so many parts other staff will	9/27/25

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V 132	<p>Continued From page 6</p> <p>dated 6/26/25: "[FS #10] came into me and [client #1]'s room...then [FS #10] started... making rude remarks about his (client #1) height..."</p> <p>Review on 8/28/25 of the facility's records revealed:</p> <ul style="list-style-type: none"> - An incident narrative dated 8/18/25 written by the QP/Director/Co-Owner #1 revealed: "... [QP/Director/Co-Owner #1] met with [client #1] on 8/18/25 at approximately 4:30PM. [QP/Director/Co-Owner #1] questioned [client #1] about being called 'Lil (little) N****r' by [FS #10]. [Client #1] stated that [FS #10] was picking on him and called him names. He (client #1) said [FS #10] was horseplaying with them. [QP/Director/Co-Owner #1] talked with [client #4] and questioned him if he had ever been called names by staff or heard anyone calling other clients' names. [Client #4] said he heard [FS #10] calling him and [client #1] names when the allegation about [FS #10] touching [client #1] happened." <p>Interview on 8/26/25 the HCPR representative reported:</p> <ul style="list-style-type: none"> - Didn't have any reports for FS #10 verbally abusing clients #1 and #4 <p>Finding B:</p> <p>Review on 7/17/25 of the facility's records revealed:</p> <ul style="list-style-type: none"> - An investigation narrative (no date): <ul style="list-style-type: none"> - Client #2's handwritten statement dated 6/21/25: "he (FS #10) also tried to offer me meth (methamphetamine) but I said H (h**) no..." <p>Interviews on 7/17/25, 8/12/25 and 8/28/25 the HCPR representatives reported:</p> <ul style="list-style-type: none"> - Didn't have any reports that FS #10 offered 	V 132	assist to meet the deadlines established by DHSR.	
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V 132	<p>Continued From page 7</p> <p>clients #2 and #3 meth</p> <p>Interviews on 7/15/25, 7/17/25 and 8/13/25 client #2 reported:</p> <ul style="list-style-type: none"> - FS #10 "approached" him "trying to sell meth" but he "declined" - FS #10 offered him meth but he "never took it from him because I thought it (meth) was laced" <p>Interviews on 7/15/25 and 8/13/25 client #3 reported:</p> <ul style="list-style-type: none"> - On 6/20/25, he reported to the QP/Director/Co-Owner #1 that FS #10 "offered" him meth, but he "didn't want to relapse" and he "declined" <p>Interview on 8/18/25 the Associate Professional/Co-Owner #2 reported:</p> <ul style="list-style-type: none"> - The QP/Director/Co-Owner #1 was responsible for reporting allegations to HCPR - Didn't know about clients #2 and #3's allegations of being offered meth <p>Interview on 7/15/25 the QP/Director/Co-Owner #1 reported:</p> <ul style="list-style-type: none"> - FS #10 was trespassed from the facility on 6/20/25 and terminated on 6/24/25 <p>Interview on 8/18/25 the QP/Director/Co-Owner #1 reported:</p> <ul style="list-style-type: none"> - Was responsible for reporting allegations of abuse and neglect to HCPR - Didn't report clients #1 and #4's allegations of verbal abuse to HCPR because the name calling "wasn't anything malicious" - When he asked client #4, "[client #4] said it was all horseplaying," he and client #1 were "shooting the dozens" with FS #10 <p>Interview on 8/27/25 the QP/Director/Co-Owner</p>	V 132		

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V 132	Continued From page 8 #1 reported: - "The clients and [FS #10] were just horseplaying around" - Didn't know FS #10 offered clients #2 and #3 meth - "Didn't notice" client #2's allegation of being offered meth in his written statement - On 6/20/25, "I went around (the facility) and asked every client (in the facility) if they were offered anything other than cigarettes or vapes and they said 'no'" - Planned to start using the Incident Response Improvement System to report allegations to HCPR	V 132		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present	V 296		

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V 296	<p>Continued From page 9</p> <p>and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the supervision of 2 of 3 audited clients (#1 and #2) when they were away from the facility in accordance with the clients' individual strengths and needs as specified in the clients' treatment plans. The findings are:</p> <p>Review on 7/15/25 of client #1's record revealed: - Admitted 7/9/11</p>	V 296	<p>V296 United Family Network Inc. does not allow any clients to have unsupervised time unless it is documented in the PCP and agreed to by his team. This time will be volunteer time, sports team or work. If a client is volunteering, he will be supervised by staff. If he gets a job as part of independent living goals</p>	9/27/25

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V 296	<p>Continued From page 10</p> <ul style="list-style-type: none"> - Age: 18 years old - Diagnoses of Attention-Deficit/Hyperactivity Disorder (ADHD)-Predominantly Inattentive Type and Oppositional Defiant Disorder (ODD) - A treatment plan dated 2/22/25: "Will be transported or provided community outing/appointments with at least one staff member." <p>Review on 8/13/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted 8/27/24 - Age: 17 years old - Diagnoses of Conduct Disorder-Adolescent Onset Type, ODD-Moderate, ADHD-Predominately Inattentive Type and Trauma and Stress Disorder - A treatment plan dated 2/12/25: "Will be transported or provided community outing/appointments with at least one staff member." <p>Observation at 11:00am on 8/13/25 the tour of the Ministry's warehouse and thrift store revealed:</p> <ul style="list-style-type: none"> - The United Family Network (UFN/Licensee) office and the Ministry were in the same building - The UFN office was on the left side of the building, and the Ministry was located on the right side of the building - There was a wall with a shared bathroom that separated the two businesses - Both UFN and the Ministry had their own door to access the shared bathroom - The Ministry's door to the shared bathroom was located on the right side of the Ministry's warehouse - The Ministry had a thrift store on the left side of warehouse - There was a wall that separated the warehouse and the thrift store and there was an opening to allow access to both the thrift store 	V 296	<p>(Clients aging out of services) then it will be documented in his plan and staff will discuss it with his treatment team to come up with what is in the client's best interest. The meeting will be documented. The staff will meet with the supervisors on client's job and express safety needs. This meeting will be documented in the client's record.</p> <p>It has been the policy of United Family Network Inc. since 2003 that no client shall be unsupervised at any time. No client is volunteering at Crossing All Borders.</p> <p>██████████ will monitor and meet with team members to determine if a client can volunteer or work based on their behaviors.</p> <p>██████████ will ensure no clients are left alone and ensure that all staff know that clients are not to be left unsupervised at any time for any reason.</p> <p>Note: Client #2's team reviewed his behaviors and decided due to his age that he needed to have some job experience. Client #2 worked very hard when he was volunteering. QP Simmons discussed it with the team, and everyone agreed at his team meeting. This was documented on the team meeting note but was not put in his plan. No one volunteers now.</p>	
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27801		
(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 296	<p>Continued From page 11 and the warehouse</p> <p>Interview on 8/13/25 client #1 reported:</p> <ul style="list-style-type: none"> - Clients volunteered at the Ministry at least once every week - "Sometimes" all the clients volunteered and "sometimes" the clients volunteered in small groups of 3 or 4 - He, client #2 and client #7B were the "trustworthy people" that volunteered in the smaller groups - Clients became "trustworthy" by being "good leaders" and "didn't get in trouble" - Staff didn't leave the clients unsupervised in the Ministry - He last volunteered in the Ministry "2 or 3 months ago" <p>Interview on 8/13/25 client #2 reported:</p> <ul style="list-style-type: none"> - He volunteered at the Ministry with client #1 and client #7B - The clients volunteered "a lot" or "every couple of days" - "There was no group home staff' supervising him, client #1 and client #7B when they volunteered at the Ministry - "Just (Ministry's Director)...only (Ministry Director)" supervised him, client #1 and client #7B when they volunteered at the Ministry - He, client #1 and client #7B started volunteering "without (facility) staff" during the "first couple of weeks of summer (2025)" - He, client #1 and client #7B were volunteering the day he stole the alcohol, but he couldn't recall the exact date - He first denied drinking alcohol, but then later stated "I'll be honest...I did drink alcohol (vodka). A whole box (6-pack of mini bottles) of alcohol" - He, client #1 and client #7B left the Ministry 	V 296		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27501
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(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
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V 296	<p>Continued From page 12</p> <p>with the remaining UFN clients that were in the UFN office to "get lunch"</p> <ul style="list-style-type: none"> - Client #3 saw the mini alcohol bottles in the thrift store and told him about it while they were at lunch - "I kept it (the location of the alcohol) a secret...because another kid (client #5B) was trying to find the alcohol too" - When client #2 returned from lunch, he found and "took the 2 cases of alcohol" from the Ministry's thrift store - He met client #3 in the shared bathroom and gave him 5 mini alcohol bottles - He drank 7 mini alcohol bottles "really fast ...got sick and threw up" in the shared bathroom - "I was drunk," but he "didn't need to go to the hospital" because he "felt fine and won't drunk no more" by the time he got back to the facility - Staff were in the UFN's office "doing notes and watching the other clients" when he stole and drank the mini alcohol bottles - Recalled staff #9B and the Administrative Assistant (AA) were working in the UFN's office the day he stole the mini alcohol bottles - He got caught "2 days later" when a facility staff found his vomit and the empty mini alcohol bottles in the trash can located in the Ministry and UFN office's shared bathroom - He couldn't recall which staff found his vomit and the mini alcohol bottles - He admitted to the Qualified Professional (QP)/Director/Co-Owner #1 that he stole and consumed alcohol - The clients were no longer allowed to volunteer at the Ministry ever since he stole and consumed alcohol from the Ministry <p>Interview on 8/13/25 client #3 reported:</p> <ul style="list-style-type: none"> - Clients volunteered at the Ministry, but they stopped "a couple of months ago" because 	V 296		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27501
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(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
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V 296	<p>Continued From page 14</p> <ul style="list-style-type: none"> - The clients were no longer allowed to volunteer at the Ministry because "someone (client #2) stole (alcohol)...last month (July 2025)" - Client #2 "stumbled on it (alcohol)" by "accident" in the Ministry's warehouse - "[Client #2] was drinking alcohol...[client #2] told me...he (client #2) got caught with it (alcohol)...[QP/Director/Co-Owner #1] caught him" - "He (client #2) was drunk and was snatched on to [QP/Director/Co-Owner #1]" - "The other kids (clients) were plotting. He (client #2) stole [vodka] bottles. They (clients #2 and #3) were mixing it (alcohol) with [energy drink]" - "It (alcohol) was airplane (mini) bottles. There was cases and bags of alcohol at the (Ministry) warehouse" <p>Interview on 8/13/25 client #5B reported:</p> <ul style="list-style-type: none"> - The Ministry Director owned the Ministry - The clients used to volunteer "every other day or on the weekends" - The clients last volunteered at the Ministry "a month ago" - The clients stopped volunteering because "one kid (client #2) was a dummy...they say [client #2] drunk alcohol" - Client #2 "stole a 20-pack of alcohol. Airplane bottles," but he couldn't recall when - "[Client #2] took the alcohol and threw up in the bathroom at the (UFN) office...the bathroom smelled like alcohol" - "Someone told [QP/Director/Co-Owner #1] 2 days later," but he couldn't recall who told him - He hadn't seen alcohol in the Ministry, but "I wouldn't be surprised" if there was alcohol in the Ministry's thrift store - The Associate Professional (AP)/Co-Owner #2 escorted the clients to the Ministry's 	V 296		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27601
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(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 296	<p>Continued From page 15</p> <p>warehouse when they volunteered</p> <ul style="list-style-type: none"> - "Sometimes it was only [Ministry Director] watching the clients" while they volunteered - "[Client #2] worked over there a long time, then he did something stupid when they (staff) let their guard down" <p>Interview on 8/18/25 client #7B reported:</p> <ul style="list-style-type: none"> - He volunteered at the Ministry with "everyone (all UFN clients)" - Clients didn't volunteer at the Ministry without staff supervision - "Staff (facility staff) was always there (at the Ministry) and they stayed there the entire time" the clients volunteered - Staff #9B was the staff that "typically" escorted and supervised the clients at the Ministry - He wasn't volunteering when client #2 stole and consumed alcohol - He "didn't hear about [client #2] stealing alcohol" from the Ministry <p>Interview on 8/12/25 client #8B reported:</p> <ul style="list-style-type: none"> - Volunteered at the Ministry that was next door to the UFN office - The clients were supervised by staff when they volunteered at the Ministry - The clients "used to volunteer every day or every other day" but the Ministry Director "took a break with the clients volunteering" - The clients stopped volunteering because "[client #2] drunk alcohol from there (Ministry)...three weeks ago" - Client #2 was "intoxicated" and he "threw up" after he drank the alcohol - Couldn't recall which staff were working or where staff were when client #2 stole the alcohol <p>Interview on 8/18/25 client #8B reported:</p>	V 296		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27501
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(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
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V 296	<p>Continued From page 16</p> <ul style="list-style-type: none"> - He volunteered in small groups with clients #1 and #2 and was "always" supervised by staff - The AP/Co-Owner #2 and QP/Director/Co-Owner #1 escorted the clients to the Ministry's warehouse to volunteer <p>Interview on 8/20/25 staff #3 reported:</p> <ul style="list-style-type: none"> - Was a "floater" - Worked all shifts in the facility - He "sometimes" transported the clients from the UFN office to the facility - Clients #1, #2 and client #7B volunteered at the Ministry - The clients "have to be supervised while volunteering" at the Ministry - "Didn't hear about [client #2] stealing alcohol" from the Ministry - Hadn't seen any of the clients intoxicated - Hadn't heard of the clients volunteering at the Ministry without staff supervision <p>Interview on 8/18/25 staff #9B reported:</p> <ul style="list-style-type: none"> - Worked in the UFN office - "Certain ones (clients)" volunteered at the Ministry "not every day, but every once and a while" - Clients # 1, #2, #3, #4 and client #7B volunteered at the Ministry - It's "been a while...couple of months" since the clients last volunteered at the Ministry - Didn't know the reason why the clients stopped volunteering at the Ministry - "The lady (Ministry Director) usually asks for assistance (volunteers)" - The Ministry Director came to the UFN office or called the AP/Co-Owner #2 to ask for volunteers - She escorted the clients to the Ministry and supervised them while they volunteered - She and the clients "stay together in the 	V 296		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL061-161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER: UNITED FAMILY NETWORK AT RIDGE ROAD
STREET ADDRESS, CITY, STATE, ZIP CODE: 1259 RIDGE ROAD, ANGIER, NC 27501

(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 296	<p>Continued From page 17</p> <p>(Ministry) warehouse...when they (clients) move I move"</p> <ul style="list-style-type: none"> - Hadn't heard about client #2 stealing and consuming alcohol from the Ministry - Hadn't heard or witness client #2 vomiting in UFN and the Ministry's shared bathroom <p>Interview on 8/13/25 the Ministry's Director reported:</p> <ul style="list-style-type: none"> - Clients that lived in UFN facilities volunteered at her Ministry whenever she needed help - Clients volunteered at the Ministry with staff supervision - "Only" clients #1, #2 and client #7B volunteered without staff supervision because they had "became trustworthy" - Clients #1, #2 and client #7B were assigned "to an adult (Ministry staff)" when they volunteered without staff supervision - Clients #1, #2 and client #7B volunteered without staff supervision "about 5 to 6 times a week...throughout the summer (2025)" - Didn't know who gave the clients permission to volunteer at the Ministry without staff supervision - The AP/Co-Owner #2 was her "point of contact" if she ever needed anything - She knew the QP/Director/Co-Owner #1, but she hardly spoke to the QP/Director/Co-Owner #1 - The AP/Co-Owner #2 "never" discussed allowing the clients to volunteer with her without staff supervision - Staff were in the UFN office while the clients volunteered - Staff escorted the clients over to the Ministry's warehouse and "would go back and forth" from the UFN office to the Ministry's warehouse "every 30 minutes to an hour" to check on the clients - Was unaware of clients #1, #2 and client 	V 296		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27501
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V 296	<p>Continued From page 18</p> <p>#7B's diagnoses or behaviors</p> <ul style="list-style-type: none"> - She respected the client's confidentiality and only knew things about the clients that the clients shared with her themselves - She "heard about an incident with [client #2] (client #2 consumed alcohol), but I didn't know it occurred" - Recalled clients #1, #2 and client #7B were volunteering at the Ministry the day client #2 consumed the alcohol - Recalled clients #1, #2 and client #7B volunteered 3 times the week of June 27, 2025 - Recalled client #2 volunteered in the hygiene section of the Ministry - The hygiene section contained "random items" items like mouthwash and small bottles of hand sanitizer - Recalled client #2 "felt bad that evening (June 27, 2025) and he (client #2) smelled of alcohol" - The Ministry Director and client #2 were "working in the hygiene section and [client #2] kept walking past me in this small walkway between the table and boxes" - "I distinctly recall [client #2] smelling like alcohol that day...I had already cut the fans off (in the Ministry) and the heat intensified the smell of the alcohol" - She didn't report that client #2 smelled like alcohol - Didn't know what client #2 could have consumed because she didn't have alcohol in the Ministry's warehouse or thrift store - Was unaware of client #2 getting sick and vomiting in the UFN and Ministry's shared bathroom - Client #2 was with staff when he volunteered in the Ministry that day, but she couldn't recall who the staff was - She later reported that client #2 didn't have a staff with him at the Ministry the day she smelled 	V 296		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27501
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(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)	(X6) COMPLETE DATE
V 296	<p>Continued From page 19</p> <p>the alcohol</p> <ul style="list-style-type: none"> - Recalled receiving a call from the QP/Director/Co-Owner #1 and "he (QP/Director/Co-Owner #1) was asking me questions about having airplane bottles of alcohol" - "He was asking a bunch of questions saying [client #2] got a hold of something, drunk it, got sick & vomited" - "The other clients knew what happened (to client #2), but they wouldn't tell him (QP/Director/Co-Owner #1)" <p>Attempted interviews on 7/17/25 and 8/20/25 with client #1's Department of Social Services (DSS) guardian was unsuccessful because client #1's guardian didn't return any phone calls prior to the exit of the survey.</p> <p>Interview on 8/20/25 client #2's former DSS Guardian reported:</p> <ul style="list-style-type: none"> - Was aware client #2 volunteered at the Ministry without staff supervision - Client #2 had already begun volunteering at the Ministry without staff supervision when the QP/Director/Co-Owner #1 informed her about it "about a month into the internship (volunteering)" - The QP/Director/Co-Owner #1 contacted her "at the beginning of August (2025)" and informed her "[client #2] was discharged from the internship (volunteering) because he was drinking on the job" <p>Interview on 8/21/25 client #2's current DSS Guardian reported:</p> <ul style="list-style-type: none"> - She found out client #2 volunteered at the Ministry without staff supervision on 7/15/25 - On 7/15/25, the QP/Director/Co-Owner #1 informed her that client #2 had to stop volunteering at the Ministry, but she "wasn't 	V 296		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27501
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(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 296	<p>Continued From page 20</p> <p>provided specifics on what [client #2] had done or what the problem was"</p> <ul style="list-style-type: none"> - "I don't know if I would have agreed with the decision" to allow client #2 to volunteer at the Ministry without staff supervision - She "would have had concerns with him volunteering without supervision due to his past behaviors and aggressions with peers <p>Interview on 8/18/25 the Administrative Assistant reported:</p> <ul style="list-style-type: none"> - Worked in the UFN office - Clients #1, #2, #4 and client #7B volunteered at the Ministry "2 to 3 times a week" - The clients were "normally" supervised by staff when they volunteered at the Ministry - Hadn't witnessed clients volunteering at the Ministry without staff supervision because the AP/Co-Owner #2 and QP/Director/Co-Owner #1 "escorted" the clients to the Ministry - Hadn't heard the clients volunteering at the Ministry without staff supervision - Was "not 100 percent sure" if client #2 had ever volunteered at the Ministry without a staff - Hadn't heard client #2 stole or consumed alcohol - Don't recall client #2 vomiting in the UFN and Ministry's shared bathroom <p>Interview on 8/18/25 the AP/Co-Owner #2 reported:</p> <ul style="list-style-type: none"> - Was unaware of any client related incidents at the Ministry - Didn't know there was alcohol at the Ministry - A small group of clients volunteered at the Ministry, but the clients "haven't been there in a while...months" - Clients #1, #2, "sometimes" #3 and #4 volunteered at the Ministry for 30 minutes to an hour, "once or twice this year (2025)" 	V 296		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1258 RIDGE ROAD ANGIER, NC 27501
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(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 296	<p>Continued From page 21</p> <ul style="list-style-type: none"> - She escorted the clients to the Ministry to volunteer whenever the Ministry Director "call and ask for help" - "Most of the time I stay (at the Ministry)" and supervised the clients when they volunteered - Clients #1, #3 and #4 weren't left unsupervised when they volunteered - Didn't supervise client #2 when he volunteered because client #2 was the "only" client that could volunteer without staff supervision - Client #2 started volunteering at the Ministry without staff supervision this summer - The Ministry Director assigned one of her staff to work with client #2 for 2 to 3 hours a "session," twice a week - Staff went to the Ministry and checked on client #2 "2 to 3 times that session" - Didn't know when client #2 stole the alcohol from the Ministry - "I know nothing" about client #2 consuming alcohol - "[QP/Director/Co-Owner #1] said he (client #2) stole alcohol from [Ministry Director]" - Didn't know if client #2 stole the alcohol while volunteering with the Ministry Director <p>Interview on 8/18/25 the QP/Director/Co-Owner #1 reported:</p> <ul style="list-style-type: none"> - The clients volunteered at the Ministry located beside the UFN office - The clients were "always supervised as far as I know" when they volunteered at the Ministry - Client #1 didn't volunteer unsupervised because the clients were "always supervised when they (clients) go over there (Ministry)" - Client #2 was the "only" client that volunteered without staff supervision - Had a "treatment team" meeting and "the guardian agreed that [client #2] could volunteer 	V 296		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/28/2025
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27501		
(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)	
V 298	<p>Continued From page 22</p> <p>by himself because it promoted independence"</p> <ul style="list-style-type: none"> - Didn't know where client #2 got the alcohol from and he "think he (client #2) could have gotten it (alcohol) from school" - A client told him client #2 consumed alcohol "two days later," but he couldn't recall who the client was or when the client told him - He "pulled him (client #2) aside and he lied about it (consuming alcohol) at first...then he told the truth" - Couldn't recall which staff worked in the UFN office or which staff transported client #2 to the facility the day client #2 consumed alcohol - Knew client #2 volunteered that morning and evening on the day he consumed alcohol, but he couldn't recall the exact times he volunteered - He worked direct care at the facility the night client #2 consumed the alcohol, but he couldn't recall the exact date - "I saw him (client #2) that evening and he wasn't drunk to me...I didn't smell alcohol on him" - "He looked like he was tired or exhausted" - "One of the kids (clients) said 'look at him (client #2), he look drunk'" - He called the Ministry Director and "she said she didn't know what [client #2] could have gotten into" - He didn't think the Ministry had alcohol <p>Interviews on 8/27/25 and 8/28/25 the QP/Director/Co-Owner #1 reported:</p> <ul style="list-style-type: none"> - "[Ministry Director] understood that [client #2] was supposed to be supervised" - "We (he and Ministry Director) talked to her about making sure she is with him (client #2) and working side by side with him ...not the people that do community service - He couldn't recall the date he spoke with the Ministry Director - "She (Ministry Director) assured me that he 	V 298		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1288 RIDGE ROAD ANGIER, NC 27501
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(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 296	<p>Continued From page 23</p> <p>(client #2) would be supervised" when he volunteered at the Ministry because "she was supposed to watch him (client #2) herself"</p> <ul style="list-style-type: none"> - "She (Ministry Director) must not have been watching him (client #2)" when he volunteered - "I don't know anything about staff finding (empty) alcohol bottles or throw up in the bathroom" <p>Review on 8/28/25 of a Plan of Protection dated 8/28/25 and written by the QP/Director/Co-Owner #1 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <ol style="list-style-type: none"> 1. United Family Network will not allow [client #2] to volunteer at [Ministry] or any other place on 7/14/25. 2. All clients are supervised within proper staff ratios. 3. Supervision on staffing/supervision within the next two weeks. <p>Describe your plans to make sure the above happens.</p> <ol style="list-style-type: none"> 1. No clients will be allowed to volunteer unsupervised as of 7/14/25. 2. Continue proper supervision/staffing ratios" <p>The facility served clients with ADHD, ODD, Conduct Disorder and Trauma and Stress Disorder. Clients #1 and #2 volunteered at a Ministry located beside the UFN office. The volunteered throughout the summer, varying between once every week to 5 to 6 days per week. The facility didn't supervise clients #1 and #2 when they volunteered at the Ministry. On 7/12/25, client #2 volunteered without staff supervision. Client #2 found 2 6-packs of mini alcohol bottles that were hidden in the Ministry's thrift store. Client #2 stole and consumed 7 mini bottles out of the case and gave client #3, a</p>	V 296		

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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27501
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V 296	Continued From page 24 15-year-old, the remaining 5 bottles of alcohol. The clients consumed alcohol in the UFN and Ministry's shared bathroom. Client #2 got sick from consuming alcohol too fast and vomited. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 296		
V 318	<p>130 .0102 HCPR - 24 Hour Reporting</p> <p>10A NCAC 130 .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).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report allegations of abuse to the Health Care Personnel Registry (HCPR) for 1 of 1 former paraprofessional staff (former staff (FS #10)) within 24 hours. The findings are:</p> <p>Review on 7/15//25 of FS #10's personnel record revealed.</p>	V 318	<p>This series of investigations were unlike anything this provider had ever witnessed or been exposed to. There was lot of moving parts to the allegations.</p> <p>V318 United Family Network Inc. will report all allegations of abuse to the Health Care Personnel Registry within the 24-hour time range. [REDACTED] will be responsible for ensuring all incidents are reported within 24 hours concerning abuse. If there are many allegations again like this, he will assign other staff to conduct investigations. The allegations will be reported in 24 hours.</p>	9/27/25

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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27501
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V 318	<p>Continued From page 25</p> <ul style="list-style-type: none"> - Hired 4/23/25 <p>Review on 7/16/25 of the facility records revealed:</p> <ul style="list-style-type: none"> - An incident narrative (no date) written by the Qualified Professional (QP)/Director/Co-Owner #1 revealed: "At approximately 9:00 am 6/26/2025 client [client #1] reported to [QP/Director/Co-Owner #1] that an employee [FS #10] touched his inner thigh and rubbed his leg while talking to him...At first interview 6/21/25 [client #1] sounded like [FS #10] just touched his thigh after grabbing a blanket off of him...He (client #1) said he (FS #10) pulled his covers back and started rubbing his thigh. He (client #1) stated he pushed [FS #10] hand off. He also stated that [FS #10] pulled him off the bed by his legs onto the floor and they started wrestling..." - Client #1's handwritten statement dated 6/21/25: "[FS #10] came in my room...and he (FS #10) rubbed me on my inner thigh and said [client #1] get up...Then another time he [FS #10] yanked me out of bed...that's when he yanked my shirt..." - Client #4's handwritten statement dated 6/20/25: "...I also Remember him (FS #10) play hitting...and when [client #1] got fed up he (client #1) turned over and drapped the covers over himself then [FS #10] tried yanking the blanket off [client #1] while touching his thigh..." - A second handwritten statement from client #4 dated 6/26/25: "[FS #10] came into me and [client #1]'s room...then [FS #10] started playfully hit [client #1] with the paper in the head and making rude remarks about his height and he hit him again cause [client #1] was ignoring him then [client #1] got upset and got up and grabbed a shoe and [FS #10] got in a fighting stance and then [client #1] laid back down and wrapped himself in a blanket and [FS #10] grabbed the blanket near his inner thigh and tried to rip it off 	V 318		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL061-161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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V 318	<p>Continued From page 26</p> <p>then he walked out the room when he [FS #10] realized [client #1] really wasn't playing."</p> <p>Review on 7/24/25 of the police report from the local Sheriff's Department dated 6/20/25 revealed:</p> <ul style="list-style-type: none"> - "On June 20, 2025, I [Deputy], responded to a sexual assault call at 1259 Ridge Road, Angier, NC...While standing outside waiting for [FS #10] to show up, [QP/Director/Co-Owner #1] said that another boy (client) inside wanted to talk to me about [FS #10]. I spoke to [client #1]...and told me that [FS #10] was rubbing on his leg up towards his private parts last night. [Client #1] also made claims of [FS #10] trying to rip him out of bed onto the floor trying to wake him up..." <p>Interviews on 7/14/25 the HCPR representative reported:</p> <ul style="list-style-type: none"> - Was notified of client #1's allegations of abuse on 6/27/25 <p>Interviews on 7/15/25 and 8/28/25 the QP/Director/Co-Owner #1 reported:</p> <ul style="list-style-type: none"> - FS #10 was trespassed from the facility on 6/20/25 and terminated on 6/24/25 - Was responsible for reporting allegations of abuse to the HCPR - He was investigating and reporting "a lot" of allegations about sexual assault that he "missed" reporting client #1's allegation to the HCPR 	V 318		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their</p>	V 366		

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V 368	<p>Continued From page 27</p> <p>response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal</p>	V 368		

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V 366	<p>Continued From page 28</p> <p>review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604.</p>	V 366		

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V 366	<p>Continued From page 29</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement policies governing their response to incidents as required. The findings are:</p> <p>Reviews on 7/16/25, 8/12/25, 8/21/25 and 8/28/25 of the facility's records revealed:</p> <ul style="list-style-type: none"> - Investigation reports for the following: <ul style="list-style-type: none"> - Client #1's allegations of verbal abuse and sexual assault - Clients #2 and #3 consumed alcohol - Clients #2 and #3's allegations of being offered meth - Client #4's allegation of verbal abuse - No documentation of the facility issuing a written preliminary finding of fact to the Local Management Entity (LME) within five working days of being notified of the incidents <p>Interview on 7/15/25 the Qualified Professional (QP)/Director/Co-Owner #1 reported:</p> <ul style="list-style-type: none"> - Former Staff #10 (FS #10) was trespassed 	V 366	<p>V366 United Family Network Inc. will implement all policies governing incident responses to incidents as required.</p> <p>██████████ will monitor and assign staff to assist in incident investigations/ completions/ follow up to MCO's request. Note Information cannot be given it not received from other agencies.</p>	9/27/25

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V 366	Continued From page 30 from the facility on 6/20/25 and terminated on 6/24/25 Interviews on 8/18/25 and 8/28/25 the QP/Director/Co-Owner #1 reported: - He was responsible for reporting incidents and issuing a written preliminary finding of fact to the LME - He didn't report the incidents or issue a written preliminary finding of fact to the LME because of the following: - Hadn't received any reports FS #10 verbally abused client #1 or #4 - When he asked client #4 about the verbal abuse, "[client #4] said it was all horseplaying," he and client #1 were "shooting the dozens" with FS #10 - Client #1 and FS #10 were "joking" and the jokes were "nothing malicious" - Client #2's consumption of alcohol was a level I incident because it didn't require any medical attention or the need for police presence - Clients #2 and #3 "denied" and "still deny" that FS #10 offered them meth - He was unaware of client #4's allegation of verbal abuse	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME	V 367		

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V 367	<p>Continued From page 31</p> <p>responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of</p>	V 367		

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V 367	<p>Continued From page 32</p> <p>becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) 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. <p>This Rule is not met as evidenced by: Based on record review and interview, the facility</p>	V 367		
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V 367	<p>Continued From page 32</p> <p>becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 28C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) 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. <p>This Rule is not met as evidenced by: Based on record review and interview, the facility</p>	V 367	<p>V367 United Family Network Inc. will implement all policies governing incident responses to MCO/LME within the 72 hour time frame. Also if incidents require 24 hour reporting that time frame will be met.</p> <p>██████████ will report all incidents of abuse to DSS/ CPS, HCPR, and DHSR. This will be regardless of who reported it.</p> <p>██████████ will give all follow up information in IRIS within 72 hours.</p> <p>██████████ will monitor and assign staff to assist in incident investigations/ completions/ follow up to MCO's request. Note Information cannot be given if not received from other agencies.</p>	9/27/25

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V 367	<p>Continued From page 34</p> <p>8/21/25: "[FS #10] came in my room...and he (FS #10) rubbed me on my inner thigh and said [client #1] get up...Then another time he [FS #10] yanked me out of bed because i said 'are you allowed to say that' when he called [client #4] fat. that's when he yanked my shirt..."</p> <p>- Client #4's handwritten statement dated 8/20/25: "...I also Remember him (FS #10) play hitting and makin rude remarks toward [client #1] and when [client #1] got fed up he (client #1) turned over and drapped the covers over himself then [FS #10] tried yanking the blanket off [client #1] while touching his thigh..."</p> <p>- Client #4's second handwritten statement dated 8/28/25: "[FS #10] came into me and [client #1]'s room...then [FS #10] started playfully hit [client #1] with the paper in the head and making rude remarks about his height and he hit him again cause [client #1] was ignoring him then [client #1] got upset and got up and grabbed a shoe and [FS #10] got in a fighting stance and then [client #1] laid back down and wrapped himself in a blanket and [FS #10] grabbed the blanket near his inner thigh and tried to rip it off then he walked out the room when he [FS #10] realized [client #1] really wasn't playing."</p> <p>Review on 8/28/25 of the facility's records revealed:</p> <p>- An incident narrative dated 8/18/25 written and signed by the QP/Director/Co-Owner #1 revealed: "...[QP/Director/Co-Owner #1] met with [client #1] on 8/18/25 at approximately 4:30PM. [QP/Director/Co-Owner #1] questioned [client #1] about being called 'Lil (little) N****' by [FS #10]. [Client #1] stated that [FS #10] was picking on him and called him names. He (client #1) said [FS #10] was horseplaying with them. [QP/Director/Co-Owner #1] talked with [client #4] and questioned him if he had ever been called</p>	V 367		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER: **UNITED FAMILY NETWORK AT RIDGE ROAD**
STREET ADDRESS, CITY, STATE, ZIP CODE: **1259 RIDGE ROAD
ANGIER, NC 27801**

(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 367	<p>Continued From page 35</p> <p>names by staff or heard anyone calling other clients' names. [Client #4] said he heard [FS #10] calling him and [client #1] names when the allegation about [FS #10] touching [client #1] happened."</p> <p>Finding B:</p> <p>Interview on 8/13/25 client #2 reported:</p> <ul style="list-style-type: none"> - "I'll be honest...I did drink alcohol (vodka). A whole box (6-pack of mini bottles) of alcohol" - Client #3 saw the mini alcohol bottles in the thrift store and told him about it while they were at lunch - He found and "took the 2 cases of alcohol" from the Ministry's thrift store - He met client #3 in the shared bathroom and gave him 5 mini alcohol bottles - He drank 7 mini alcohol bottles "really fast ...got sick and threw up" in the shared bathroom - "I was drunk" - He got caught "2 days later" when a facility staff found his vomit and the empty mini alcohol bottles in the trash can located in the Ministry and UFN office's shared bathroom <p>Interview on 8/13/25 client #3 reported:</p> <ul style="list-style-type: none"> - The clients used to volunteer at the Ministry, but they stopped "a couple of months ago" because "[client #2] could have stole alcohol" - He found mini alcohol bottles in the back of the Ministry's thrift store and told client #2 about it - Client #2 gave him 5 bottles of alcohol and he drunk the alcohol in the UFN and the Ministry's shared bathroom - Client #2 also drank the alcohol, "got sick and threw up" in the Ministry and UFN's shared bathroom - He didn't tell anyone that he drunk the alcohol - "I believe" the QP/Director/Co-Owner #1 	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-181	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27501
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(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 387	<p>Continued From page 36</p> <p>knew he consumed the alcohol, "but I'm not sure"</p> <p>Finding C:</p> <p>Review on 8/28/25 of the facility's records revealed:</p> <ul style="list-style-type: none"> - An incident narrative dated 8/18/25 written by the QP/Director/Co-Owner #1 revealed: "... [QP/Director/Co-Owner #1] met with [client #2] on 8/18/25...[QP/Director/Co-Owner #1] asked [client #2] if [FS #10] gave him any drugs or offered him methamphetamine. [Client #2] again stated that [FS #10] did not give him methamphetamine... [QP/Director/Co-Owner #1] talked with [client #3] and questioned him if he had ever been offered methamphetamine or any other drugs by [FS #10]. [Client #3] reported no he had not been offered any drugs from [FS #10]..." <p>Finding D:</p> <p>Review on 7/17/25 of the IRIS system revealed:</p> <ul style="list-style-type: none"> - Client #3's IRIS report dated 6/23/25 contained the following information: - " Date of incident: 4/18/25 " - " Date Provider Learned of Incident: 6/20/25 - The Incident Comments of client #3's 6/23/25 IRIS report requested the following updates: <ul style="list-style-type: none"> - "Advocacy...6/24/25...Awaiting provider response to Tailored Plan request. Please conduct and attach the internal investigation upon completion...Complete the HCPR (Health Care Personnel Registry) Facility Allegation Section in its entirety. List the Accused Staff Information, what is the status of the accused staff employment, also detail strategies that will be implemented to prevent incidents of a similar nature from occurring in the Incident Prevention section and attach the HCPR letter when received....What is Provider Agency intention for 	V 387		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL061-161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 1289 RIDGE ROAD ANGIER, NC 27801		
(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 367	<p>Continued From page 37</p> <p>preventive measures which should include training...and monitor to ensure health and safety of all individuals supported. Please document CNDS ID (Common Name Database System Identification) under the Consumer Information Treatment tab."</p> <p>- "LME...6/24/25...Please complete HCPR tab and upload investigation documents."</p> <p>Interview on 8/12/25 the North Carolina Department of Health and Human Services Representative reported:</p> <ul style="list-style-type: none"> - Requested updates and information for client #3's IRIS report but the QP/Director/Co-Owner #1 hasn't provided the requested information yet - Requested corrections such as correcting the incident date, the client's identifying information and the facility's investigation <p>Interviews on 7/15/25 and 7/17/25 the QP/Director/Co-Owner #1 reported:</p> <ul style="list-style-type: none"> - FS #10 was trespassed from the facility on 6/20/25 and terminated on 6/24/25 - Was responsible for submitting IRIS reports - Had to submit "a lot" of reports and he "thought" he submitted all of the client's IRIS reports - FS #10 and client #1 went "back and forth joking" and "that's how the allegation started. Horseplaying" - He "thought" he reported client #1's allegation of physical abuse and sexual assault in IRIS, but it "slipped through" <p>Interview on 8/18/25 the QP/Director/Co-Owner #1 reported:</p> <ul style="list-style-type: none"> - Was responsible for reporting level III incidents in IRIS and to the LME/MCO - Was also responsible for updating the IRIS reports when requested 	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27501
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(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
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V 367	<p>Continued From page 38</p> <ul style="list-style-type: none"> - He hadn't noticed the requests from the LME/MCO and the DHHS representative - He was still waiting for information from Department of Social Services and the local police - He put the wrong date on the incident report, and it was an oversight - Hadn't received any reports FS #10 verbally abused client #1 or #4 - When he asked client #4 about the verbal abuse, "[client #4] said it was all horseplaying," he and client #1 were "shooting the dozens" with FS #10 - Client #1 and FS #10 were "joking" and the jokes were "nothing malicious" - Client #2's consumption of alcohol was a level I incident because it didn't require any medical attention or the need for police presence - Was unaware client #2 gave alcohol to client #3 and client #3 consumed the alcohol <p>Interviews on 8/27/25 and 8/28/25 the QP/Director/Co-Owner #1 reported:</p> <ul style="list-style-type: none"> - "The clients and [FS #10] were just horseplaying around" - Didn't know FS #10 offered clients #2 and #3 meth - "I didn't notice" client #2's allegation of being offered meth in his written statement - On 8/20/25, "I went around (the facility) and asked every client if they were offered anything other than cigarettes or vapes and they said 'no'" - Planned to start using the Incident Response Improvement System to report allegations - Didn't submit an IRIS for clients #2 and #3's allegation because clients #2 and #3 "denied" and "still deny" FS #10 offered them meth 	V 367		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHLO51-151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27501
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(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 500	Continued From page 39	V 500		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27601
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(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
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V 500	<p>Continued From page 40</p> <p>Involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report all incidents of alleged abuse to the County Department of Social Services (DSS) for 2 of 4 clients (#1 and #4). The findings are:</p> <p>Review on 7/15/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted 7/9/11 - Age: 18 years old - Diagnoses of Attention-Deficit/Hyperactivity Disorder-Predominantly Inattentive Type and Oppositional Defiant Disorder (ODD) <p>Review on 7/17/25 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 5/2/25 	V 500	<p>V500 United Family Network Inc. will report all incidents of alleged or suspected neglect to the County Department of Social Services.</p> <p>██████████ will report all incidents of abuse/neglect/exploitation to the County Department of Social Services within the appropriate time frames.</p>	9/27/25
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/26/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27501
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(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 500	<p>Continued From page 41</p> <ul style="list-style-type: none"> - Age: 17 years old - Diagnoses of ODD-Moderate, Posttraumatic Stress Disorder, Major Depressive Disorder and Generalized Anxiety Disorder <p>Review on 7/16/25 of the facility's records revealed:</p> <ul style="list-style-type: none"> - An incident narrative (no date) written by the Qualified Professional (QP)/Director/Co-Owner #1 revealed: "At approximately 9:00 am 6/26/2025 client [client #1] reported to [QP/Director/Co-Owner #1]...He (client #1) stated [Former Staff (FS) #10] started joking him..." - Client #1's handwritten statement dated 6/21/25: "...Then another time he [FS #10]...called [client #4] fat..." - Client #4's handwritten statement dated 6/20/25: "...I also Remember him (FS #10)...makin rude remarks toward [client #1]..." - Client #4's second handwritten statement dated 6/26/25: "[FS #10] came into me and [client #1]'s room...then [FS #10] started... making rude remarks about his height..." <p>Review on 8/28/25 of the facility's records revealed:</p> <ul style="list-style-type: none"> - An incident narrative dated 8/18/25 written and signed by the QP/Director/Co-Owner #1 revealed: "...[QP/Director/Co-Owner #1] met with [client #1] on 8/18/25 at approximately 4:30PM. [QP/Director/Co-Owner #1] questioned [client #1] about being called 'Lil (little) N****r' by [FS #10]. [Client #1] stated that [FS #10] was picking on him and called him names. He (client #1) said [FS #10] was horseplaying with them. [QP/Director/Co-Owner #1] talked with [client #4] and questioned him if he had ever been called names by staff or heard anyone calling other clients' names. [Client #4] said he heard [FS #10] calling him and [client #1] names when the 	V 500	<p>[REDACTED] will give all follow up information in IRIS within 72 hours.</p> <p>[REDACTED] will monitor and assign staff to assist in incident investigations/ completions/ follow up to DSS's request. Note Information cannot be given if not received from other agencies.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27501
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(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
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V 500	Continued From page 42 allegation about [FS #10] touching [client #1] happened." Interview on 8/18/25 the QP/Director/Co-Owner #1 reported: - Was responsible for reporting allegations to the DSS Interviews on 8/27/25 and 8/28/25 the QP/Director/Co-Owner #1 reported: - Didn't report clients #1 and #4's allegations of verbal abuse to DSS because the name calling "wasn't anything malicious" - When he asked client #4, "[client #4] said it was all horseplaying," he and client #1 were "shooting the dozens" with FS #10 - "The clients and [FS #10] were just horseplaying around" - Planned to start using the Incident Response Improvement System to report allegations to DSS	V 500		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1269 RIDGE ROAD ANGIER, NC 27501
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(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 512	<p>Continued From page 43</p> <p>characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, 1 of 1 former paraprofessional staff (former staff (FS #10)) abused 2 of 4 clients (#1 and #4). The findings are:</p> <p>Review on 7/15/25 of FS #10's personnel record revealed:</p> <ul style="list-style-type: none"> - Hired 4/23/25 - Abuse and Neglect training certificate dated 4/24/25 <p>Review on 7/15/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted 7/9/11 - Age: 18 years old - Diagnoses of Attention-Deficit/Hyperactivity Disorder (ADHD)-Predominantly Inattentive Type and Oppositional Defiant Disorder (ODD) <p>Review on 7/17/25 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted 5/2/25 - Age: 17 years old - Diagnoses of ODD-Moderate, Posttraumatic Stress Disorder (PTSD), Major Depressive Disorder (MDD) and Generalized Anxiety Disorder (GAD) <p>Review on 7/16/25 of the facility's records</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-181	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27501
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(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 512	<p>Continued From page 44</p> <p>revealed:</p> <ul style="list-style-type: none"> - An incident narrative (no date) written by the Qualified Professional (QP)/Director/Co-Owner #1 revealed: "At approximately 9:00 am 6/26/2025 client [client #1] reported to [QP/Director/Co-Owner #1]...He (client #1) stated [FS #10] started joking him..." - Client #1's handwritten statement dated 6/21/25: "...Then another time he [FS #10]...called [client #4] fat..." - Client #4's handwritten statement dated 6/20/25: "...I also Remember him (FS #10)...makin rude remarks toward [client #1]..." - Client #4's second handwritten statement dated 6/28/25: "[FS #10] came into me and [client #1]'s room...then [FS #10] started... making rude remarks about his (client #1) height..." <p>Review on 8/28/25 of the facility's records revealed:</p> <ul style="list-style-type: none"> - An incident narrative dated 8/18/25 written and signed by the QP/Director/Co-Owner #1 revealed: "...[QP/Director/Co-Owner #1] met with [client #1] on 8/18/25 at approximately 4:30PM. [QP/Director/Co-Owner #1] questioned [client #1] about being called 'Lil (little) N****r' by [FS #10]. [Client #1] stated that [FS #10] was picking on him and called him names. He (client #1) said [FS #10] was horseplaying with them. [QP/Director/Co-Owner #1] talked with [client #4] and questioned him if he had ever been called names by staff or heard anyone calling other clients' names. [Client #4] said he heard [FS #10] calling him and [client #1] names when the allegation about [FS #10] touching [client #1] happened." <p>Interview on 7/17/25 client #1 reported:</p> <ul style="list-style-type: none"> - FS #10 "talked junk" to him about the color of his skin and called him a "black n***a...2 or 3 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL061-151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/28/2025
NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27501		
(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 512	Continued From page 45 times" - He became "angry...irritated" and "felt some type a way" when FS #10 talked about the color of his skin - FS #10 also talked about his height and called him a "short black a"s...2 or 3 times" - He "felt bad" when FS #10 made comments about his skin color and height - Couldn't recall when FS #10 made the comments, but he didn't report it to anyone Interview on 7/17/25 client #4 reported: - FS #10 made comments about client #1's height, but he couldn't recall the comments - "But they (FS #10 and client #1) made jokes about each other" - FS #10 made "fat jokes" about him "once or twice," but he couldn't recall when - FS #10 didn't say anything specific, "he just said fat" - FS #10 also talked about his mother when he would call his mother on the phone - FS #10 said his "mother sound fine...about 2 or 3 times" - He thought FS #10 comments about his mother "was rude" - He "didn't like him talking about my mother, but I didn't report it to anyone" - "Wish I would have reported it (FS #10's comments about his weight and his mother) to staff" Interview on 8/25/25 FS #10 reported: - He and client #1 "joked and played around all the time" - Client #1 joked about him not having any hair and he "picked on him (client #1) about being short" - He didn't use derogatory names towards the clients	V 512			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1269 RIDGE ROAD ANGIER, NC 27501
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(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 512	<p>Continued From page 46</p> <ul style="list-style-type: none"> - "I didn't really have too much interaction with him (client #4) because he had a smart mouth and a nasty attitude" - He didn't joke with client #4 about his weight or his mother <p>Interviews on 7/15/25 and 7/17/25 the QP/Director/Co-Owner #1 reported:</p> <ul style="list-style-type: none"> - FS #10 was trespassed from the facility on 6/20/25 and terminated on 8/24/25 - FS #10 and client #1 went "back and forth joking" and "that's how the allegation started. Horseplaying" <p>Interviews on 8/27/25 and 8/28/25 the QP/Director/Co-Owner #1 reported:</p> <ul style="list-style-type: none"> - Had a strict "no tolerance" horse play policy - Staff were not supposed to enter a client's bedroom unless there was a client emergency or there was another staff present to be the staff's witness - When he asked client #4 about the verbal abuse, "[client #4] said it was all horseplaying," he and client #1 were "shooting the dozens" with FS #10 - Client #1 and FS #10 were "joking" and the jokes were "nothing malicious" - He spoke with clients #1 and #4 on 8/18/25 and they reported FS #10 did call them names - Calling the clients names was verbal abuse <p>Review on 8/28/25 of a Plan of Protection dated 8/28/25 and written by the QP/Director/Co-Owner #1 revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care?" - 1. [FS #10] was terminated 6/24/25 - 2. Previous staffing held discussing neglect, abuse, exploitation on 6/22/25. - 3. Conduct another supervision on neglect, 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-181	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
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NAME OF PROVIDER OR SUPPLIER UNITED FAMILY NETWORK AT RIDGE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1259 RIDGE ROAD ANGIER, NC 27501
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(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 512	<p>Continued From page 47</p> <p>abuse, exploitation within two weeks.</p> <ul style="list-style-type: none"> - 4. Conduct group with clients on reporting neglect, abuse, exploitation ongoing (at least quarterly and on admission) - 5. Ongoing training on verbal abuse at supervisions (monthly) - Describe your plans to make sure the above happens. <ul style="list-style-type: none"> - 1. Continue to monitor clients and reports from clients of abuse and neglect - 2. Report incidents of abuse and neglect" <p>The facility served clients with ADHD, ODD, PTSD, MDD and GAD. FS #10 verbally abused clients #1 and #4 by making degrading comments about client #1's skin color and height. FS #10 also made degrading comments about client #4's weight and inappropriate comments about client #4's mother. FS # 10 also violated the agencies no tolerance policy regarding horseplaying in the facility. This deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days.</p>	V 512		