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{V 000}	INITIAL COMMENTS A follow up survey was completed on September 19, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 2 and has a current census of 2. The survey sample consisted of audits of 2 current clients.	{V 000}		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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This Rule is not met as evidenced by:
Based on observations, record reviews, and interviews, the facility failed to ensure treatment plans and strategies were developed and implemented to address the needs of the clients affecting 2 of 2 clients (#1 and #2). The findings are:

Review on 9/10/25 of Client #1's record revealed:
-Date of admission: 10/25/24.
-Age: 5 years old.
-Diagnoses: Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Global Developmental Delay, Nonverbal.
-Individual Support Plan (ISP) update - 7/30/25 - "...What needs to change?...Elopement behavior since the child safety lock on the front door has been removed per the State's (Division of Health Service Regulation's (DHSR)) request. In July 2025, so far, there have been 2 incidents of elopement...Goal 1: [Client #1] will receive Specialized Consultative Services (SCS) (Psychologist); Provider will conduct a Health and Safety Assessment of the AFL (Alternative Family Living) Home (facility) and a Behavior Support Plan (BSP) and monitoring will be provided as needed. Where am I now? [local agency] SCS will conduct a Health and Safety Assessment and then prepare a BSP and train staff and monitor behaviors (as needed) in executing the BSP due to an increase in elopement behaviors...Provider will monitor and update the goals in the BSP as

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needed..."
-There were no strategies to address elopement in the client record.

Review on 9/10/25 of the local agency SCS letter for Client #1 dated 9/5/25 revealed:
-"...Services for [Client #1] - Health and Safety Needs...has a history of elopement behaviors, creating health and safety concerns ...He (Client #1) cannot be kept secure through restrictive locks or barriers, as these interfere with safe evacuation and do not address the risks of elopement. [Client #1] requires trained staff to provide ongoing supervision, redirection, and crisis prevention..."
-There were no strategies to address elopement with the assessment.

Review on 9/10/25 of facility incident reports for Client #1 from 7/10/25 through 9/10/25 revealed:
-7/20/25 - "...The other member (Client #2) in my home unlocked the front door and ran outside. [Client #1] followed and was brought back in the house...Describe the cause of the incident...No extra locks on the door...Comments/Follow-up by QP (Qualified Professional) and QM (Quality Manager) as needed. [Client #1] is an elopement risk, state (DHSR) forced the removal of the door locks that were set in place to keep [Client #1] safe. Staff will continue to monitor for health and safety and assist [Client #1] when he elopes."
-8/12/25 - "...Another member (Client #2) got out of the house (facility), and [Client #1] opened the door behind him and ran outside...Describe the cause of the incident...No extra locks and another child going out...Describe how this type of incident may be prevented...Locks...Comments/Follow-up by QP and QM as needed...After forced removal of the door locks the member (Client #1) has had a

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couple incidents with elopement. AFL staff (AFL Provider) will continue to monitor for health and safety..."

Observation and attempted interview on 9/11/25 at 9:22 am of Client #1 at local elementary school revealed:
-Did not verbally respond to questions.
-Wandered down the hallway and required several verbal and physical prompts by school staff before he responded.

Interview on 9/11/25 with Client #1's local elementary school teacher revealed:
-Was getting better at responding to redirection.
-Client #1 was "...always moving..."

Review on 9/10/25 of Client #2's record revealed:
-Date of admission: 10/1/23.
-Age: 12 years old.
-Diagnoses: Autism Spectrum Disorder with accompanying Language Impairment, ADHD, Intellectual Developmental Disability, Pica, Nonverbal.
-ISP update - 7/30/25 - "...What needs to change?...An increase in elopement behavior since the child safety lock on the front door has been removed per the State's (DHSR's) request. In July 2025 so far, there have been 4 incidents of elopement...Goal 1 Statement: [Client #2] will receive Specialized Consultative Services (SCS) and a Health and Safety Assessment of the AFL Home will be conducted and a Behavior Support Plan (BSP) will be completed and staff/caregivers will be trained in implementing the BSP and monitoring will be provided as needed. Where am I now? [local agency] SCS will conduct a Health and Safety Assessment and then prepare a BSP and train staff and monitor behaviors in executing the BSP due to an increase in elopement

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behaviors...[local agency] SCS is familiar with [Client #2] and his history of behaviors, and they completed his last BSP...Provider will monitor and update the goals in the BSP as needed..."
-There were no strategies for elopement in the client record.

Review on 9/10/25 of the local agency SCS letter for Client #2 dated 9/5/25 revealed:
-"...Services for [Client #2] - Health and Safety Needs...exhibits aggressive behaviors and a history of wandering...Restrictive devices are not appropriate, as they interfere with safe evacuation and do not resolve his behavioral risks. [Client #2] requires trained staff to provide continuous supervision, redirection, and crisis prevention..."
-There were no strategies to address elopement with the assessment.

Review on 9/10/25 of facility incident reports for Client #2 from 7/10/25 through 9/10/25 revealed:
-7/16/25 - "[Client #2] was in the living room as I (AFL Provider) was in the kitchen. He (Client #2) opened the front door and went outside. I caught him in the front yard...Describe the cause of the incident...[Client #2's] elopement issues...Describe how this type of incident may be prevented...Locks on the doors...Comments/Follow-up by QP and QM as needed...QM requests of the QP...safety update be provided to QM for the Member (Client #2). This continues to be the result of the decision of DHSR Construction removing turn locks from the front door egress and now requiring the removal of a basic lift gate from the front porch... [Licensee] is still in the process of coming up with a resolution to the required removal of the locks."
-7/20/25 - "...[Client #2] went out the front door again and ran tonthe neighbors yard before being caught...Describe the cause of the incident...No

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extra locks on the door...Describe how this type of incident may be prevented...Give the extra locks back...Comments/Follow-up by QP and QM as needed...[Client #2] has had many elopment incidents since the locks have been removed from the door of the home, this poses a safety risk for [Client #2] and the other member (Client #1) in the home (facility). Locks had to be removed via the state (DHSR). Staff will continue to monitor for health and safety."
-7/25/25 - "...[Client #2] had eloped and ran to the neighbors back porch...Describe the cause of the incident...No locks on the door...Describe how this type of incident may be prevented...Have the state (DHSR) allow locks...Comments/Follow-up by QP and QM as needed...QM is requesting Q (QP)...provide a home safety update..."
-8/6/25 - "...[Client #2] unlocked the door and ran to the neighbors back porch...Describe the cause of the incident...Locks removed from the door...Describe how this type of incident may be prevented...Return extra locks ...Comments/Follow-up by QP and QM as needed...[Client #2] continues to have issues with elopement due to the states (DHSR's) forced removal of the door locks. AFL staff continue to monitor and assist with the health and safety of [Client #2] and his elopement issues..."
-8/12/25 - "...[Client #2] unlocked the door ran down the hill and entered the neighbors hhouse...Describe the cause of the incident...No locks on the doors...Describe how this type of incident may be prevented...Please allow me (AFL Provider) to put an extra locks in the door...Comments/Follow-up by QP and QM as needed...After forced removal of locks [Client #2] has had many elopement incidents. AFL staff will continue to monitor for health ans safety..."
-8/27/25 - "...[Client #2] had ran outside...This time he only made it down the steps off the front

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porch...Describe the cause of the incident...No extra locks on the door...Describe how this type of incident may be prevented...Put extra locks on the door...Comments/Follow-up by QP and QM as needed...[Client #2] continues to elope due to forced removal of the door locks by the state (DHSR). Staff will continue to monitor [Client #2] for health and safety ..."

Observation and attempted interview on 9/11/25 at 9:55 am of Client #2 at local middle school revealed:
-Did not verbally respond to questions.
-Wandered down the hallway and required several verbal and physical prompts by school staff before he responded.

Interview on 9/11/25 with Client #2's local middle school Principal revealed:
-Had known Client #2 for several years since Client #2 was in elementary school.
-Client #2 would not always respond to redirection and "...likes to wander..."

Review on 9/11/25 of "Monthly/Annual Supervision" notes written by the QP for the AFL Provider's home visits revealed:
-7/18/25 - "It has been a rough month for the [AFL Provider] home, it has been heard with new state requirements of removing the safety locks. [Client #2] has had 2 incident reports recently of eloping outside near the road due to be able to leave the house freely. We are appealing the states (DHSR's) decision to remove the safety locks from the home..."
8/5/25 - "...[Licensee] continues to work diligently on the case with the state (DHSR) requiring the door locks to be removed from the home. There have been several incident reports for both boys (clients) due to elopement, they run out the front

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door and into the road. This continues to be a health and safety issues for both boys."
-There was no documentation of treatment strategies or what level of supervision was needed to keep the clients safe discussed between the QP and the AFL Provider.

Review on 9/11/25 of an email correspondence from the QP to the QM forwarded to the DHSR Surveyors dated 9/11/25 revealed:
" ...The decrease in elopements during the last two weeks have been due to both boys (Clients #1 and #2) returning to school and being out with their one on one workers ..."

Attempted interview on 9/12/25 with the local SCS Provider for Clients #1 and #2 revealed:
-A message was left but a return call was not received by the survey exit on 9/19/25.

Interview on 9/10/25 and 9/11/25 with the AFL Provider's husband/Client #2's Legal Guardian revealed:
-Clients #1 and #2 "have run...We have 2 Autistic boys...she (AFL Provider) has had to do 8 incident reports since we took the lock off (the front door)...They have gone down the road and gone into other people's homes...We are trying to get funding to put in a fence...With [Client #1], a fence would keep him in...[Client #2] would climb the fence...[Client #2] is constantly moving...he does laps (around the dining room through the kitchen)...he will look up (at the front door) and if the door isn't locked, he will go out (of the door) on the next lap..."

Interview on 9/11/25 with the AFL Provider revealed:
-The SCS Provider did not develop a BSP, the "Doctor (Psychologist) just met with him (Client

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#1)."
-9/5/25 was Client #1's first time meeting the Doctor, and this was when he wrote the letter on 9/5/25.
-"They (local SCS Provider) are working on one (BSP)."
-Client #2 had a BSP as the local SCS had worked with the client before; " ...we discontinued it (BSP) and starting it back up again."
-"We have worked on elopement behaviors with [Client #2] but not so much with [Client #1]."
-"Locks on the doors" was what had helped with elopements.
-Have tried "talking to him (Client #2), holding his hand ...They (Clients #1 and #2) just go when they go..."
-Client #1 has "ran out of my house (facility) and ran in the neighbors house. Just gone. Went down to the back neighbor ...went into their house, they (neighbors) weren't home. I had to go in and get them ...[Client #1] sat in a chair (neighbor's house) and spun around. [Client #2] got in the house (neighbors) and went upstairs and laid on their daughter's bed ...The back neighbor, [Client #1] went pilfering through the bathroom ...All this since the locks have been gone ...I have had the locks on the door for 4 years. Tried everything prior. We have to have the locks for [Client #2]. [Client #1] has an elopement issue and it worked out ...And then y'all (DHSR) came in ...I have exhausted every option to keep him safe, both of them."

Interviews on 9/10/25 and 9/11/25 with the QP revealed:
-"Since the locks (on front door) have been removed, we have had many, many incidents of elopement."
-"We have team meetings. We are still waiting. We are waiting on some waivers ...our Executive

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V 112	Continued From page 9 Director (ED) ...is working on waivers ..." -Does not recall signing a BSP for either client. "We're in the process of getting one (BSP) ...for both boys (clients)." -"She (AFL Provider) provides that (constant supervision) ...Yeah, she is with them at all times..." -Strategies used were "door alarms...safety harness can be worn in the home or community...the door locks worked pretty good. We tried baby gates but they (DHSR) made us take those off...constant supervision." -AFL Provider "got quotes for fencing around the house." -She and the QM review the incident reports and document "what we are doing to resolve it...We are monitoring for health and safety, working on establishing BSP, redirection..." Interview on 9/10/25 with the Services Coordinator revealed: -"Our agency has had conversations including the Executive Director." -"We looked at waivers, it required letters. We just got letters from the behavioral support specialist (Psychologist)." -The Executive Director was working on the waiver. Interview 9/11/25 with the Clinical Director revealed: -Measures implemented to prevent elopements "...has been hard...Everything we have thought of is not approvable. Door locks taken off. We had baby gates to slow them down...By the time they (clients) got through the gate [AFL Provider] would notice...But they (DHSR) made us take those down. More supervision from [AFL Provider]. Nothing to stop them from opening the door..."	V 112		

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V 112	Continued From page 10 -"We didn't have them in the realm of eyes at all times (for supervision) until the door locks were removed. We were trying to find natural supports to come in during the day...Encouraging [AFL Provider] whatever activities (they could do), they are in the same room or she can see them so they don't decide to go for a nice walk." -"We have been wracking our brains for some solutions for them (clients) leaving (eloping) the home...trying to find a solution that is state (DHSR) approved for their situation." Interviews on 9/10/25 and 9/11/25 with the QM revealed: -Responsible to review and sign off on all the incident reports. -"I do have some 7 incidents over about a 6 week period, they (clients) have eloped between 1 to 10 times...That is for both of them (clients)...they weren't serious. Only time they left the yard was to go sit on the neighbor's porch...(happened) when [AFL Provider] and her help are doing their thing. High active periods of time. Pretty repetitious (incident reports). Went to get them (clients) and brought them back and inside (facility)..." -Strategies for risks of elopement included "...a gate being put in. There should be a gate. Alarms on the door...one of the natural supports that is there they are going to have to put in a physical response...ask them (AFL Provider/AFL Provider's husband/Client #2's legal guardian) or [QP], they may have a rotation...who is watching the front door. Not sure what they are doing...Feel we (Licensee) do a good job for safety or supervision..." Review on 9/12/25 of the Plan of Protection signed and dated 9/12/25 by the Services Coordinator revealed:	V 112		

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V 112	Continued From page 11 "What immediate action will the facility take to ensure the safety of the consumers in your care? AFL staff and Davidson Family Services (DFS - Licensee) will complete the following items to ensure the safety of the individuals residing in the Ramona Taylor Home. In the prior Plan of Protection order for this home, DFS staff installed door alarms on the front door of the home. This would sound an alarm should the door be opened. Moving forward DFS has developed the following plan to provide additional supports to the home. This plan was discussed on Friday September 12th, 2025, and is as follows: AFL Staff [AFL Provider] has previously acquired three fencing quotes for the yard of the home. Staff has submitted these to the assigned LME/MCO (Local Management Entity/Managed Care Organization) for the members in the home. Staff continues to work together with the team to find a way to financially support the installation of the fence at the home. DFS will request an emergent review from the Human Rights Committee on Monday September 15, 2025, to look at the installation of a motion sensor camera on the living room wall facing the front foyer/doorway area. This camera would push alerts to the AFL staff's (AFL Provider's) phone of motion should they be in the restroom and/or other common area of the home. DFS QP for the home will contact the assigned Care Manager for the members (clients) in the home to request and immediate update of the member's Individual Support Plans to reflect the listed changes in this Plan of Protection Order.	V 112		

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DFS and AFL staff will hang a large visual stop sign on the front door of the home. DFS QP will update the member's Provider Plans to add a goal of teaching the member's what the stop sign means, and what we should do when we see a stop sign symbol.

AFL staff will order 2 pressure door alarm mats to install prior to the doorway of the home. The pressure door mats will be placed between the Kitchen and Dining room entry way and 6 feet from the front door. This will sound an alarm to the member and staff alerting them prior to accessing the front door. Whereas the other door alarm would sound only when the member is opening the door, this will provide an additional alarm before reaching the door should the staff be using the restroom or in another common area of the home.

AFL staff will ensure that the thumb latch deadbolt remains locked and engaged at all times while the members are in the home. This will provide an additional level of security to the home.

DFS will implement a constant supervision safety plan and have the AFL staff sign this agreement. This plan will include that if the staff need to access the second level of the home, that the members must also go with the staff to that level of the home unless an approved natural support is available to sit with the members in the downstairs area of the home.

DFS will call a team meeting with the member's assigned Care Manager with their LME/MCO again to discuss options of supporting additional staff in the home if needed. Currently the

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elopements are down from the summertime due to the member's returning to school and receiving one on one services with their Direct Support Professionals.

Describe your plans to make sure the above happens.

AFL staff [AFL Provider] has already ordered the pressure alarm mats for the home as of 09/12/2025. These mats are expected to be delivered over the weekend from [online retail company] and once received staff will install these in the above listed areas. Staff will install these immediately once received and send photo and video proof of these working to myself and the assigned QP [QP] to the home.

One Monday 09/12/125 DFS QP and admin (administrative) staff will work to update the provider plan with the assigned guardians to the members in the home. We will discuss the importance of the stop sign visual clue and learning what to do at stop signs. AFL staff as of 09/12/25 has already ordered these visual signs and will hang once received from Amazon. DFS staff will also connect with the assigned Behavioral specialist for each member in the home to work on adding this to their plans as well as any additional support they have to offer.

As stated above an emergent HRC (Human Rights Committee) request will be submitted for the Camera in the home. This request will be sent by 09/15/2025.

The safety plan request as listed above will be completed and signed by 09/15/2025 for the statement that if staff need to access the second level of the home, staff with either take the

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member's with them to that level or ensure that an approved natural support is on the main level of the home to provide monitoring of the member's during their time upstairs. At the time of this submission AFL staff has verbally agreed to follow this safety request. Staff understands they will sign a physical statement of this by 09/15/25.

DFS QP and Admin staff will send requests to the above-mentioned items to the member's assigned Care Managers no later than 09/15/2025 to inform her of the immediate need to update the ISP for each member and meetings to discuss the additional support funding."

The facility served clients aged 5 and 12 years old with diagnoses including Autism Spectrum Disorder, Intellectual Developmental Disability, ADHD, and Nonverbal. From 7/10/25 - 9/10/25, Client #1 eloped from the facility 2 times and Client #2 eloped 6 times. The QP made 2 supervision visits to the facility in July and August 2025. There were no discussions documented to reflect the need to implement strategies for elopements. ISPs were updated on 7/30/25 for both clients and included the goal of making a referral to a psychologist for a health and safety assessment and to develop a BSP. On 9/5/25 the Psychologist determined Client #1 and Client #2 could not be kept safe with locks or barriers and that the behavior of elopements needed to be addressed through increased supervision. No strategies were developed or implemented to address the elopement. Continuous supervision was not provided as illustrated by the number of elopements that occurred from 7/10/25-9/10/25. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected

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V 112	Continued From page 15 within 45 days.	V 112		
{V 772}	27G .0304(d)(6) Residential Facilities Without Elevators 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (6) In a residential facility licensed under residential building code standards and without elevators, bedrooms above or below the ground level shall be used only for individuals who are capable of moving up and down the steps independently. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure a client bedroom which was above ground level was used for clients who were capable of moving up and down steps independently during an emergency affecting 2 of 2 clients (#1 and #2). The findings are: Review on 9/10/25 of Client #1's record revealed: -Date of admission: 10/25/24. -Age: 5 years old. -Diagnoses: Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Global Developmental Delay, Nonverbal.	{V 772}		

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{V 772}	Continued From page 16 Review on 9/10/25 of Client #2's record revealed: -Date of admission: 10/1/23. -Age: 12 years old. -Diagnoses: Autism Spectrum Disorder with accompanying Language Impairment, ADHD, Intellectual Developmental Disability, Pica, Nonverbal. Review on 9/10/25 of the Division of Health Service Regulation's (DHSR's) 2025 license renewal application dated 11/20/24 completed by the Licensee revealed: -"Current facility information - Ambulatory: A person who can evacuate the building without physical or verbal assistance during a fire or other emergency." -Number of residential clients currently served "2." -Number of ambulatory beds approved "2." -Number of non-ambulatory beds approved "0." Reviews on 9/10/25 and 9/12/25 of the DHSR Construction Section's survey dated 6/9/25 revealed: - "...Two clients that are unable to evacuate the home (facility) without verbal prompting and guidance. Clients that require verbal prompting or physical assistance in the event of a fire or other emergency do not meet the definition of ambulatory status. Clients considered non-ambulatory must have their sleeping room on the main level of the home. This is not compliant with the rule..." - "At the time of the survey...a live fire drill was conducted. None of the clients...evacuated the home...This home is licensed for ambulatory clients which means they should be able to evacuate without verbal or physical assistance in the event of a fire emergency..."	{V 772}		

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{V 772}	Continued From page 17 Observation and attempted interview on 9/11/25 at 9:22 am of Client #1 at local elementary school revealed: -Did not verbally respond to questions. -Wandered down the hallway and required several verbal and physical prompts by school staff before he responded. -Unable to determine if Client #1 knew how to respond or could respond independently in an emergency. Interview on 9/11/25 with Client #1's local elementary school teacher revealed: -Was getting better at responding to redirection. Observation and attempted interview on 9/11/25 at 9:55 am of Client #2 at local middle school revealed: -Did not verbally respond to questions. -Wandered down the hallway and required several verbal and physical prompts by school staff before he responded. -Unable to determine if Client #2 knew how to respond or could respond independently in an emergency. Interview on 9/11/25 with Client #2's local middle school Principal revealed: -Had known Client #2 for several years since Client #2 was in elementary school. -Client #2 would not always respond to redirection and "...likes to wander..." Interview on 9/10/25 with DHSR Construction Surveyor who completed the 6/9/25 survey revealed: -"They (Clients #1 and #2) need to be ambulatory or change their (DHSR) license." -"They (AFL Provider) could change it, but they don't have bedrooms on the lower level."	{V 772}		

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{V 772}	Continued From page 18 -"It would be a difficult transition to non-ambulatory looking at the floor plan layout." -If Clients #1 and #2 are unable to learn to "...evacuate on their own...If they can change their licensure, not always feasible, then they need to find a suitable place (for the clients)." Interview on 9/10/25 and 9/11/25 with the AFL Provider's husband/Client #2's legal guardian revealed: -"The (clients') bedrooms are still upstairs." -"There is not one yet (resolution to the bedrooms being upstairs)." -"Moving him (Client #2) down here (main floor) isn't keeping him safe." -The goal was to "...get a waiver to keep the bedrooms upstairs and put a lock on the door." -"If the fire alarm goes off, they (clients) will come out of their room because they don't like loud noises, but we have to get them and take them outside." -"We have done everything they (DHSR) said to. I was willing to turn these two rooms (downstairs) into bedrooms. Just give me the locks." Interview on 9/10/25 with the DHSR Construction Section Team Leader revealed: -"They (clients) need to be ambulatory or change their license." -"If they (AFL Provider) changed (their DHSR license) to non-ambulatory, they would have to figure out how to get them (clients' bedrooms) on the grade level." Interview on 9/11/25 with the AFL Provider revealed: -"One solution was to put the boys (Clients #1 and #2) downstairs and have awake staff at night." -"My understanding from the state (DHSR) is no	{V 772}		

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{V 772}	Continued From page 19	{V 772}		

waiver, can't keep them (Clients #1 and #2) upstairs."
-"If they (Clients #1 and #2) hadn't been here, they (DHSR Construction) wouldn't know they didn't know (how to evacuate during a fire drill alarm)."
-"Who is going to put their 5 year old child (client) downstairs alone?"
-"Nobody cares about what these kids (clients) need."
-"Inevitable that [Client #1] will have to leave and what will happen with [Client #2]? Is he gonna have to move down here (downstairs)? That will not happen."
-"They are expecting me to maintain an umbrella of normalcy and these kids (clients) are not normal."

Interview on 9/12/25 with Client #1's local Department of Social Services (DSS) legal guardian revealed:
-Had also been the local DSS legal guardian for Client #2 prior to the AFL Provider's husband/Client #2's legal guardian being granted guardianship.
-Client #1 "...is possible to learn fire drill evacuation but not months but up to a year...would take repetition up to a year."
-"[Client #2] would take that the opportunity to run. We could teach him to go outside...would have to be included into every aspect of his life..."
-"Can he (Client #2) learn to go outside with an alarm? Yes. It is going to take a long time."
-"Are they (both Client #1 and #2) teachable? Yes, they are. But they are at different stages...they have come a long way."

Interview on 9/10/25 with the Qualified Professional (QP) revealed:
-Had been a part of some of the conversations

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involving the bedrooms being upstairs.
-"I am not sure that would be the safest choice to be so far away from [AFL Provider's] bedroom."
-"My understanding, not sure there is going to be a way around it."

Interview on 9/10/25 with the Services Coordinator revealed:
-"Our agency has had conversations (regarding the upstairs bedrooms) including the Executive Director."
-"We looked at waivers, it required letters. We just got letters from the Behavioral Support Specialist."
-The Executive Director was working on the waiver.
-Had been told by DHSR Construction Section that they couldn't do a waiver due to the age of the clients.

Interview on 9/11/25 with the Clinical Director revealed:
-Was the QP's supervisor.
-"We have been wracking our brains for some solutions for...the bedrooms being upstairs."
-"That's a big ask to move the bedrooms downstairs. That's a whole remodel. The boys (Clients #1 and #2) respond to [AFL Provider] if she were to yell up and tell them to come down. But financially, not sure a remodel is plausible ...They (AFL Provider's bedroom) would have to go downstairs as well."

Interview on 9/10/25 with the Quality Manager revealed:
-Had been in contact with DHSR Construction Section.
-"They (DHSR Construction) were explaining to me the safety issue and the emphasis and reemphasis of the policy. This is a policy I haven't

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seen implemented a whole lot."
-The facility wants to do what is best for the clients.
-"Logistically, they will have to add walls and make sure windows are there for compliance. It could take a while."
-"The timeline is just going to take some time."

Interview on 9/10/25 with the Executive Director revealed:
-"...If there is not a way for us to do a waiver for the bedrooms to be on the upper level, we have to give notice on them (facility) and not continue services there..."
-"It is more of a safety issue to have them (Clients #1 and #2) downstairs."
-"...Have talked about a remodel and these are things that would take some time. We are kind of stuck here."
-"Don't have another option than to give notice for [Client #1]...this has been a good place for him."
-"We talked about implementing a goal about evacuation on his (Client #2's) own...If he was downstairs, he would have to have a staff come get him out..."
-"There is a huge difference between physically and verbally (assisting with evacuation)...they are lumped in together and that is different."
-"That has always been in our view a physical issue evacuating (difference between ambulatory and non-ambulatory)."

Review on 9/12/25 of the Plan of Protection signed and dated 9/12/25 by the Services Coordinator revealed:
"What immediate action will the facility take to ensure the safety of the consumers in your care? Davidson Family Services (DFS - Licensee) has discussed this citation with the AFL staff (AFL Provider) in the home (facility). We have informed

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{V 772}	Continued From page 22 her that in the event there is a emergency she is responsible for the member's located on the upper level of the home. We have advised AFL Staff to continue to complete fire drill in the facility and implemented these being on a weekly basis rater than the current schedule. DFS QP staff will ensure that all documentation of weekly fire drills are being submitted and if the drill is not successful, DFS will provide the documentation needed to follow up to these unsuccessful drills. DFS QP will contact the assigned guardians to the member's in this facility to update the member's provider plans to add a fire evacuation goal. DFS QP and Admin (administration) team will contact the members assigned behavioral specialist to request their support in helping the member learn to successfully evacuate independently in case of an emergency in the home. Describe your plans to make sure the above happens. DFS received verbal agreeance from the AFL staff on 09/12/25 ensuring she understands that in the event of an emergency she is responsible for evacuating the members from the upper level of the home. A agreeance statement will be signed on Monday September 15th 2025. DFS AFL staff was advised on 09/12/25 that they are to complete weekly fire drills within the facility until the member can successfully evacuate on their own. This will also be included in the above listed plan to be signed on Monday September 15th 2025.	{V 772}		

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{V 772}	Continued From page 23 On Monday September 15, 2025 the DFS QP and Admin staff will contact the assigned guardians to the members in the home to discuss the update to the provider plan and adding the fire safety goal. They will explain the importance of this to the guardians and what steps are being taken to help their individual be supported. DFS QP and Admin staff will also contact the assigned behavioral specialists for each member on Monday September 15th, to request a meeting to discuss the need for support to aid in the success in independent emergency evacuation for the members in the home." The facility served clients aged 5 and 12 years old with diagnoses including Autism Spectrum Disorder, Intellectual Developmental Disability, ADHD, and Nonverbal. The facility was licensed for 2 ambulatory clients. The facility structure was a 2-story family home with all bedrooms on the upstairs level. During a DHSR construction survey in June 2025, the two clients did not independently respond to an emergency alarm and evacuate the facility. The clients were therefore deemed non-ambulatory which required their bedrooms to be on the ground floor. It was unclear if and how long it would take to teach each client to learn how to independently evacuate during an emergency. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days.	{V 772}		