STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-708	A. BUILDING _____ B. WING _____	R 08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT FUQUAY-VARIN	5728 HILLTOP ROAD FUQUAY VARINA, NC 27526

(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 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on August 28, 2025. The complaints were substantiated (Intakes #NC00232166, #NC00232168 and #NC00232868). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients. A sister facility was identified in this report. The sister facility will be identified as sister facility A. The clients and staff will be identified using the letter of the facility and a numerical identifier.	V 000	RECEIVED SEP 03 2025 DHSR MH Licensure Sect	
V 106	27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (8) use of medications by clients in accordance with the rules in this Section; (9) reporting of any incident, unusual occurrence or medication error; (10) voluntary non-compensated work performed by a client; (11) client fee assessment and collection practices; (12) medical preparedness plan to be utilized in a medical emergency; (13) authorization for and follow up of lab tests;	V 106	V106 [redacted] will ensure that all staff have driver licenses and registrations, and they are current upon hire and document the expiration date. Prior to the expiration [redacted] will request the renewal of the license/ insurance/ tags. This review will be done quarterly starting 9/27/2025. NOTE Staff #9 never had a conversation with either owner about an expired license/ registration.	9/27/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Director | (X6) DATE: 9/27/2025

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V 106	Continued From page 1 (14) transportation, including the accessibility of 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. 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: Review on 8/12/25 of former staff #9's (FS #9) personnel record revealed: - Hired 4/23/25 - A driver's license issued 3/4/22 and expired on 3/6/25 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 #9] tickets for driving without a license...and fictitious tags as I saw him (FS #9) driving on [sister facility's street] before his arrival to the group home (sister facility)..."	V 106	[redacted] - Safety Officer performs visual safety inspections of staff vehicles at least quaterly. This is done for each facility. A safety inspection will be done prior to transporting clients. [redacted] will document safety review of staff cars at least quarterly. [redacted] will revise transportation policy to include staff transporting clients in their personal cars. UFN has had insurance covering nonowned automobiles since we started in 2003.	9/27/25

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V 106	Continued From page 2 Review on 8/13/25 of the facility's transportation policy revealed: - "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, Inc./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 Interview on 8/12/25 clients #1, #2, and #3 reported: - They were transported from the UFN office to the facility in FS #9's personal vehicle Interview on 8/25/25 FS #9 reported: - 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 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		

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V 108	Continued From page 3	V 108		

done as fast as possible"
- 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

Interview on 8/18/25 the Associate Professional (AP)/Co-Owner #2 reported:
- Was responsible for completing the hiring process, but the QP/Director/Co-Owner #1 hired FS #9
- Was responsible for reviewing the staff's driver's license upon hire
- FS #9 transported clients from the UFN office to the facility
- Was unaware FS #9's driver's license and vehicle registration had expired
- Was unaware FS #9 had fictitious tags on his personal vehicle

Interview on 8/11/25 the QP/Director/Co-Owner #1 reported:
- FS #9 was trespassed 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 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 #9's vehicle prior to FS

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V 106	Continued From page 4 #9 transporting clients and he "I don't know how that (FS #9's vehicle inspection) slipped through" - "We (he and AP/Co-Owner #2) missed it (FS #9's expired driver's license and registration)...I didn't catch it" - Knew FS #9 transported clients in his personal vehicle - Didn't know FS #9's driver's license and vehicle registration had expired - Didn't know FS #9 had fictitious tags on his personal vehicle - FS #9 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 facility or to a patient or client.	V 132		

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V 132	Continued From page 5 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 neglect were reported to the Health Care Personnel Registry (HCPR) within 5 days of being notified. The findings are: Review on 8/12/25 of former staff (FS) #9's personnel record revealed: - Hired 4/23/25 Finding A: Interview on 8/12/25 client #2 reported: - Shared a bedroom with client #3 - He witnessed client #3 and FS #9 "joking back and forth" - "[Client #3] would say things to [FS #9] and [FS #9] would say things back" - Couldn't recall what FS #9 said to client #3 but "I believe [FS #9] talked about [client #3]'s weight" Interview on 8/12/25 client #3 reported: - Was in 9th grade - FS #9 "joked on big people" - FS #9 told him to "wake your fat a*s up" once - He told FS #9 to stop "picking" on him, but FS #9 wouldn't stop	V 132	V123- United Family Network Inc. takes abuse, neglect or exploitation in any form seriously. This incident reported to the investigator by client #3 or client #2. This was also not reported by staff member #9. If there was a report then UFN management would have conducted an investigation and report them to DSS, DHSR and the Health Care Registry. Corrective Actions A. [redacted] talks with the clients at least weekly. [redacted] will discuss if there was any issues with treatment. [redacted] will continue to conduct client groups. [redacted] will document monthly. Any finding will be reported to CPS, DHSR, HCPR. Note This abuse was reported to DHSR investigator. It was not reported to any staff member of United Family Network.	9/27/25

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V 132	Continued From page 6 - "I feel like I was being bullied (by FS #9)" ever since FS #9 began working in the facility in April 2025 - FS #9 didn't "bully" anyone else in the facility - Didn't report FS #9 "picking" on him to any staff Interview on 8/26/25 the HCPR representative reported: - Didn't have any reports about FS #9 verbally abusing client #3 Finding B: Review on 8/14/25 of the facility's records revealed: - An investigation narrative dated 6/26/25 written by the Qualified Professional (QP)/Director/Co-Owner #1 revealed: "At approximately 5 pm on 6/21/25 client [client #1] was interviewed by [QP/Director/Co-Owner #1] after an allegation was made by another client (client #7A) that he was given "Meth (methamphetamine)" from [FS #9] an employee." Interviews on 7/17/25, 8/12/25 and 8/26/25 the HCPR representatives reported: - Didn't have any reports about FS #9 giving client #1 meth Interview on 8/18/25 the Associate Professional/Co-Owner #2 reported: - The QP/Director/Co-Owner #1 was responsible for reporting allegations to the HCPR - Was unaware FS #9 gave client #1 meth Interview on 8/11/25 the QP/Director/Co-Owner #1 reported: - FS #9 was trespassed from the facility on 6/20/25 and terminated on 6/24/25	V 132	V103-[redacted] started the investigation about the client receiving "Meth" from Staff #9. There is no report of staff member #9 giving "Meth " to client #1 due to the client not revieling that he was given "Meth" by staff #9. QP [redacted] reported that the client denied being given "Meth". DHSR investigator revealed that she talked with client #1 and he allegedly revealed to her that he was given "Meth" on several occasions and he shot up at the group home. QP [redacted] questioned client again after he was informed of this and he again denied that he was given "Meth" or that he had shot up "Meth". Client had a drug screen and it came up postive for only cannabis. Actions A. QP [redacted] will report all incidents in a timely manner to IRIS	

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V 132	Continued From page 7 Interviews on 8/18/25 and 8/28/25 the QP/Director/Co-Owner #1 reported: - Was responsible for reporting allegations to the HCPR - On 8/20/25,client #7A reported FS #9 gave client #1 meth, but client #1 denied it - He reported client #1's allegations to the HCPR on 8/26/25 - He attached the incident narrative to the HCPR 24-hour report and faxed it to the HCPR - Didn't know about client #3's allegation of abuse - Hadn't received any reports that clients were being "picked on or bullied" by FS #9 - Didn't recall the Division of Health Service Regulation Surveyor reporting client #3's allegation of verbal abuse on 8/18/25	V 132	CPS, and HCPR.	
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.	V 296	V296- United Family Network Inc. Does not allow any client to have unspervised time unless it is documented in the PCP and agreed on by his team. All clients are supervised at all times. If a client volunteers then he shall be supervised by staff. If he gets a job as part of independent living goal (clients aging out of services) then it is documented in his plan and staff discuss it with his treatment team to come up with what is in the best intrest of the client. This meeting will be documented. The staff will meet with the supervisors of the client on the job and express safety needs.	9/27/25

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V 296	Continued From page 8 (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 and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the supervision of 1 of 3 audited clients (#3) when they were away from the facility in accordance with the clients' individual strengths and needs as specified in the clients' treatment plan. The findings are:	V 296	This meeting will also be documented in the clients record. It has been the policy of UFN since 2003 that no client shall be unsupervised at any time. For the past two months no client has volunteered at Crossing All Borders. [redacted] will monitor and meet with team members to determine if a client can volunteer or work based on their behaviors. [redacted] will ensure no clients are left alone and ensure that all staff know that clients are not to be unsupervised at any time for any reason.	

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V 296	Continued From page 9 Review on 8/12/25 of client #3's record revealed: - Admitted 7/19/24 - Age: 15 years old - Diagnoses of Oppositional Defiant Disorder (ODD), Attention-Deficit/Hyperactivity Disorder (ADHD)-Combined Type by History, Other Specific Trauma and Stressor Related Disorder and Disruptive Mood Dysregulation Disorder (DMDD) - A treatment plan dated 7/11/25: "Will be transported or provided community outing/appointments with at least one staff member." Interview on 8/13/25 client #1 reported: - The Ministry Director owned the Ministry - The clients used to volunteer "every other day or on the weekends" - The clients stopped volunteering "a month ago" - The Associate Professional (AP)/Co-Owner #2 escorted the clients to the Ministry's warehouse when they volunteered - "Sometimes it was only [Ministry Director] watching the clients" while they volunteered Interview on 8/13/25 client #3 reported: - He volunteered at the Ministry with "everyone (all United Family Network, Inc. (UFN/Licensee) 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 #8 "typically" escorted the clients to the Ministry and supervised the clients while they volunteered	V 296		

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V 296	Continued From page 10 Interview on 8/13/25 client #5A reported: - 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 #3 and client #6A were the "trustworthy people (clients)" 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" Interview on 8/13/25 client #6A reported: - He volunteered at the Ministry with client #3 and client #5A - The clients volunteered "a lot" or "every couple of days" - "There was no group home staff" supervising him, client #3 and client #5A when they volunteered at the Ministry - "Just [Ministry's Director]...only [Ministry Director]" supervised him, client #3 and client #5A when they volunteered at the Ministry - He, client #5A and client #3 started volunteering "without (facility) staff" during the "first couple of weeks of summer (2025)" Interview on 8/13/25 client #8A reported: - Clients #3, #5A and #6A were "the most trusted ones (clients)" that volunteered at the Ministry without staff supervision because they were the clients "that acted the best" - Couldn't recall how many times clients #3, #5A and #6A volunteered at the Ministry without staff supervision - The clients began volunteering without staff	V 296		

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V 296	Continued From page 11 supervision this summer Interview on 8/20/25 staff #1 reported: - Was a "floater" - Worked all shifts in the facility - Client #3, client #5A and client #6A volunteered at the Ministry - The "clients have to be supervised while volunteering" at the Ministry - Hadn't heard of the clients volunteering at the Ministry without staff supervision Interview on 8/18/25 staff #8 reported: - Worked in the UFN office - "Certain ones (clients)" volunteered at the Ministry "not every day, but every once and a while" - Clients #5A, #6A, #7A, #8A and client #3 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 no longer volunteered 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 whenever she needed help - She escorted the clients to the Ministry and supervised them while they volunteered - She and the clients "stay together in the (Ministry) warehouse...when they (clients) move I move" Interview on 8/13/25 with the Ministry Director revealed: - Clients that lived in UFN facilities volunteered at her Ministry whenever she needed help - "Only" client #3, client #5A and client #6A volunteered without staff supervision because	V 296		

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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	Continued From page 12 they had "became trustworthy" - She assigned client #3, client #5A and client #6A "to an adult (Ministry staff)" when they volunteered without staff supervision - Clients #3, #5A and #6A 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 Qualified Professional (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 at the Ministry - 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 Attempted interviews on 7/17/25 and 8/20/25 with client #3's Department Of Social Services Guardian was unsuccessful because client #1's guardian didn't return any phone calls prior to the exit of the survey. Interview on 8/18/25 the Administrative Assistant reported: - Worked in the UFN office during first shift - Clients #3, #5A and #6A 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	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 296	Continued From page 13 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 Interview on 8/18/25 the AP/Co-Owner #2 reported: - A small group of clients volunteered at the Ministry, but the clients "haven't been there in a while...months" - Clients #3, #5A and #6A volunteered at the Ministry for 30 minutes to an hour, "once or twice this year (2025)" - 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 - Client #3 wasn't left unsupervised at the Ministry Interview on 8/18/25 the QP/Director/Co-Owner #1 reported: - The clients volunteered at the Ministry that was located beside the UFN office - The clients were "always supervised as far as I know" when they volunteered at the Ministry Interview on 8/28/25 the QP/Director/Co-Owner #1 reported: - He was "at the office (UFN) every day" and client #3 didn't volunteer at the Ministry without staff supervision Review on 8/28/25 of a Plan of Protection dated 8/28/25 and written by the QP/Director/Co-Owner #1 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care?	V 296		

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V 296	Continued From page 14 1. UFN always has minimum staffing numbers (current) 2. Clients are not unsupervised at any time unless the team agrees (since (illegible word)), since 2003. 3. UFN will not allow any clients to volunteer (7/14/25) 4. Training with staff on proper supervisions of clients within next two weeks. Describe you plans to make sure the above happens. 1. Continue staff supervisions at state mandated levels since 2003. 2. No client will volunteer unsupervised" The facility served a client with ODD, ADHD, DMDD and Other Specific Trauma and Stressor Related Disorder. Client #3 was 15 years old. Client #3 volunteered at a Ministry located beside the UFN office. The facility did not ensure client #3 was supervised while volunteering in the warehouse of the Ministry. Client #3 volunteered throughout the summer, varying between once every week to 5 to 6 days per week. 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 296		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of	V 318		

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V 318	Continued From page 15 the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). 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 (FS #9) within 24 hours. The findings are: Review on 8/12/25 of FS #9's personnel record revealed: - Hired 4/23/25 Review on 8/13/25 of the facility's records revealed: - An incident narrative dated 6/26/25 written by the Qualified Professional (QP)/Director/Co-Owner #1 revealed: "At approximately 5 pm on 6/21/25 client [client #1] was interviewed by [QP/Director/Co-Owner #1]... [Client #1] admitted that [FS #9] gave him cigarettes and nicotine vapes... [QP/Director/Co-Owner #1] instructed him to write a statement regarding this. Upon picking up his statement [QP/Director/Co-Owner #1] observed that he stated that employee [FS #9] asked him two times to suck his penis. He also stated that he refused and told [FS #9] that he could not suck his penis... " - Client #1's handwritten statement dated	V 318	This series of investigation was unlike anything this provider has ever been exposed to or had to deal with. There were so many moving parts to this investigation. V318 United Family Network Inc. will report allegations of abuse to the Health Care Personnel Registry within the 24 hour time frame. [redacted] will be responsible for reporting incidents of abuse. If there are multiple incidents at one time [redacted] will asign another staff to investigate the alleged abuse. This will be reported within 24 hours.	9/27/25

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V 318	Continued From page 16 6/21/25: "When I was in [FS #9] car he let me smoke cigarettes and he has gave me a Nicotine Vape before. He (FS #9) also on 2 occasions Talked To me about sucking my Penis, after I said no he Kept on coming In my room asking." Interview on 7/14/25 the HCPR representative reported: - Was notified of client #1's allegations on 6/26/25 Interview on 8/11/25 the QP/Director/Co-Owner #1 reported: - FS #9 was trespassed from the facility on 6/20/25 and terminated on 6/24/25 Interview on 8/18/25 the QP/Director/Co-Owner #1 reported: - Was responsible for reporting allegations of abuse to the HCPR - Didn't have an explanation for why client #1's allegation of abuse was reported late - Planned to use the Incident Reporting Improvement System to report allegations to the HCPR	V 318		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective	V 366		

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V 366	Continued From page 17 measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (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 (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (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. (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: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (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	V 366		

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V 366	Continued From page 18	V 366		

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:

(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;

(B) gather other information needed;

(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

(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

(3) immediately notifying the following:

(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;

(B) the LME where the client resides, if different;

(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;

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V 366	Continued From page 19 (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement policies governing their response to incidents as required. The findings are: Reviews on 8/12/25, 8/21/25 and 8/28/25 of the facility's records revealed: - Investigation reports for the following level III incidents: - Client #1's allegation using meth that former staff #9 (FS #9) gave him - Client #3'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 Interview on 8/12/25 the Qualified Professional (QP)/Director/Co-Owner #1 reported: - FS #9 was trespassed 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 reported the preliminary finding of fact to	V 366	United Family continues to assert that we cannot report incidents that we are unaware of. This series of events/ incidents was overwhelming to the provider. [redacted] will delegate staff to assist in conducting investigations and incident reporting to ensure compliance with guidelines. V366 United Family Network Inc. will implement all policies governing incident responses to incidents as required. [redacted] will monitor and assign staff to assist in incident investigations/ completions/ reporting/ follow up to MCO's request per incident. *Note: No follow up information can be given if reports have not been received from collateral sources (DSS/CPS/HCPR, DHSR).	

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V 366	Continued From page 20 the LME when he submitted client #1's Incident Response Improvement System (IRIS) report on 6/24/25 - He attached the investigation narrative to the IRIS report when he submitted it - He later reported that he "thought" he attached the investigation narrative for client #1 when he submitted the IRIS on 6/24/25, but "maybe I didn't" - Didn't know about client #3's allegations of verbal abuse - Didn't recall the Division of Health Service Regulation Surveyor reporting client #3's allegation of verbal abuse on 8/18/25	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 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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident;	V 367		

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(4) description of incident;
(5) status of the effort to determine the cause of the incident; and
(6) other individuals or authorities notified or responding.
(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:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(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 becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Divisior 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.

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V 367	Continued From page 22 The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (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. This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure incident reports were submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 and updated with missing or incomplete information within 24 hours as required. The findings are: Reviews on 8/12/25 and 8/21/25 of the Incident Response Improvement System (IRIS) revealed: - An IRIS report dated 6/24/25 for client #1 didn't mention client #1's allegation of using meth that he received from former staff #9 (FS #9)	V 367	United Family continues to assert that we can not report incidents that we are unaware of. This set/ series of events/ incidents was overwhelming to the provider. [redacted] will delegate staff to assist in conducting investigations and incident repoirting to ensure compliance with guidlines.	

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V 367	Continued From page 23 - Client #1's IRIS report didn't contain any attachments - No IRIS report for clients #3's allegation of verbal abuse Finding A: Review on 8/14/25 of the facility's records revealed: - An investigation narrative dated 6/26/25 written by the Qualified Professional (QP)/Director/Co-Owner #1 revealed: "At approximately 5 pm on 6/21/25 client [client #1] was interviewed by [QP/Director/Co-Owner #1] after an allegation was made by another client (client #7A) that he was given "Meth (methamphetamine)" from [FS #9] an employee." Review on 8/12/25 of the IRIS system revealed: - Client #1's IRIS report didn't mention client #1 used meth that he received from FS #9 Finding B: Interview on 8/12/25 client #2 reported: - Shared a bedroom with client #3 - He witnessed client #3 and FS #9 "joking back and forth" - "[Client #3] would say things to [FS #9] and [FS #9] would say things back" - Couldn't recall what FS #9 said to client #3, but "I believe [FS #9] talked about [client #3]'s weight" Interview on 8/12/25 client #3 reported: - Was in 9th grade - FS #9 "joked on big people" - FS #9 told him to "wake your fat a"s up" - "Sometimes it (FS #9's jokes about him) would go too far"	V 367	V367 United Family Network Inc. will implement all policies governing incident responses to MCO/LME within the 72 hour time frame. Also if the incident requires 24 hour reporting then that time frame will be met. [redacted]wil report all incidents of abuse from DSS, CPS,HCPR, and DHSR. [redacted]was taught that the professional who first learned of the abuse was responsible for reporting. [redacted]will give all follow up information from request in IRIS within 72 hours. [redacted]will monitor and assign staff to assist in incident investiagtions/ completions/ reporting/ follow up to MCO's request. *Note: No follow up information can be given if reports havbe not been received from collateral sources (DSS/CPS/HCPR, DHSR).	

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V 367	Continued From page 24 - He told FS #9 to stop "picking" on him, but FS #9 wouldn't stop - "I feel like I was being bullied (by FS #9)" ever since FS #9 began working in the facility in April 2025 - FS #9 didn't "bully" anyone else in the facility - Didn't report FS #9 "picking" on him to any staff Finding C: Review on 8/12/25 of the IRIS system revealed; - Client #1's IRIS report dated 6/24/25 contained the following information: - "Date of Incident: 6/20/25 " - "Date Provider Learned of Incident: 4/21/25" - "CNDS ID (Common Name Database Services Identification): 000000000 " - The Incident Comments had the following requests: - 6/25/25 "MCO Review...Please upload a copy of the agency's (facility) internal investigation, to include outcome, corrective measures, and next steps. Please complete the HCPR (Health Care Personnel Registry) report in its entirety and ensure the Investigation Results tab includes the outcome of the investigation...." - 7/2/25 "NC DHHS (North Carolina Department of Health and Human Service)..."Awaiting provider response to Tailored Plan request... 1. Please conduct and attach the internal investigation upon completion...Complete the HCPR 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...2...What is Provider Agency intention for preventive	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-708	A. BUILDING: _____ B. WING _____	R 08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT FUQUAY-VARIN	6728 HILLTOP ROAD FUQUAY VARINA, NC 27526

(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	Continued From page 25 measures which should include training...and monitoring to ensure health and safety of all individuals supported. 3. Please document CNDS ID under the Consumer Information Treatment tab..." - 7/9/25 "LME/MCO Review...Please follow-up to address the requested information within 5 business days. 1. Have there been any similar instances in the past with this member or staff? 2. Were there any other [LME/MCO] members under the staff 's care? 3. What are the prevention strategies? 4. Please complete the HCPR tab completely. 5. Please provide the HCPR report...6. Was a physical assessment completed? Please attach. 7. Please provide your Internal Review. 8. What is the employment status of the accused? 9. What is the member's current location/condition?....11. Please correct the Date Provider Learned of Incident in the Incident Information tab and resubmit in the Supervisor Actions Tab. 12. Please correct the DOB (date of birth) in the Consumer Information tab... " - 7/14/25 "NC DHHS Review...Please review and update the Date of Incident and Date Provider Learned of Incident on the Incident Information tab. " Interview on 8/12/25 the NC DHHS representative reported: - Requested updates and information for client #1'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 - The last update she received was on 7/14/25 Interview on 8/12/25 the QP/Director/Co-Owner #1 reported:	V 367		

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V 367	Continued From page 26 - FS #9 was trespassed from the facility on 6/20/25 and terminated on 6/24/25 Interview on 8/18/25 the QP/Director/Co-Owner #1 reported: - On 6/20/25, client #7A reported FS #9 gave client #1 meth, but client #1 denied it - He submitted an IRIS for client #1's allegation of getting meth from FS #9 on 6/24/25 - He attached the investigation narrative in the IRIS report on 6/24/58 - He later reported that he "thought" he attached the investigation narrative for client #1 when he submitted the IRIS on 6/14/25, but "maybe I didn't" - Hadn't received any reports about FS #9 bullying client #3 - Hadn't received any reports about FS #9 calling clients names Interview on 8/28/25 the QP/Director/Co-Owner #1 reported: - Was responsible for reporting level III incidents in IRIS and to the LME/MCO - Was also responsible for updating the IRIS reports when requested - He hadn't noticed the requests from the LME/MCO and the DHHS representative - He was still waiting for information from the Department Of Social Services and the local police - He put the wrong date on the incident report, and it was an oversight - Didn't know about client #3's allegation of abuse - Hadn't received any reports that clients were being "picked on or bullied" by FS #9 - Didn't recall the Division of Health Service Regulation Surveyor reporting client #3's allegation of verbal abuse on 8/18/25	V 367		

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V 367	Continued From page 27 - Planned to update client #1's IRIS when he received the reports from the local Sheriff's Department and the Department of Social Services	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (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. (b) The governing body shall develop and implement policy to assure that: (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 (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. (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: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (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:	V 500		

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V 500	Continued From page 28 (1) the permitted restrictive interventions or allowed restrictions, (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (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: (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); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report all incidents of alleged or suspected neglect to the County Department of Social Services (DSS) for 2 of 3 audited clients (#1 and #3). The findings are: Review on 8/12/25 of client #1's record revealed: - Admitted 11/14/24 - Age: 17 years old	V 500	V500 United Family Network Inc. will report all incidents of alleged or suspected neglect to the County Department of Social Services. The DHSR auditor informed [redacted] that even if the professional disclosed the information to him that he still needed to inform DSS of the	9/27/25

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UNITED FAMILY NETWORK AT FUQUAY-VARIN	5728 HILLTOP ROAD FUQUAY VARINA, NC 27526

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V 500	Continued From page 29 - Diagnoses of Major Depressive Disorder, Posttraumatic Stress Disorder-Chronic, Cannabis Use Disorder and Attention-Deficit/Hyperactivity Disorder (ADHD) Review on 8/12/25 of client #3's record revealed: - Admitted 7/19/24 - Age: 15 years old - Diagnoses of Oppositional Defiant Disorder, ADHD-Combined Type by History, Other Specific Trauma and Stressor Related Disorder and Disruptive Mood Dysregulation Disorder Finding A. Interview on 8/12/25 client #2 reported: - Shared a bedroom with client #3 - He witnessed client #3 and former staff #9 (FS #9) "joking back and forth" - "[Client #3] would say things to [FS #9] and [FS #9] would say things back" - Couldn't recall what FS #9 said to client #3 but "I believe [FS #9] talked about [client #3]'s weight Interview on 8/12/25 client #3 reported: - Was in 9th grade - FS #9 "joked on big people" - FS #9 told him to "wake your fat a*s up" once - "Sometimes it (FS #9's jokes about him) would go too far" - He told FS #9 to stop "picking" on him, but FS #9 wouldn't stop - "I feel like I was being bullied (by FS #9)" ever since FS #9 began working in the facility in April 2025 - FS #9 didn't "bully" anyone else in the facility - Didn't report FS #9 "picking" on him to any staff	V 500	incident. This will now be standard practice. Corrective Actions: [redacted] will report all incidents of alleged or suspected neglect to the County Department of Social Services within the appropriate time frames per incident.	

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V 500	Continued From page 30 Finding B: Review on 8/28/25 of the facility's records revealed: - An incident narrative dated 8/18/25: "At approximately 11:00 am 8/18/25 while meeting with [Division of Health Regulation (DHSR) Surveyor] I was informed that [client #1] informed her that he accepted Methamphetamine from [FS #9]...[Qualified Professional (QP)/Director/Co-Owner #1] met with [client #1]...and reinterviewed him. [QP/Director/Co-Owner #1] asked [client #1] if [FS #9] gave him methamphetamine...[Client #1] again denied using methamphetamine or being given Methamphetamine..." Interview on 8/12/25 client #1 reported: - "About 2 months ago" FS #9 gave him meth three times while they were in the facility - FS #9 approached him while he was in his bedroom and said "look what I (FS #9) got" - FS #9 first gave him meth that was already in a syringe - He was successful with injecting the meth in the vein of his left arm after he tied something around his arm and started "puffing up" his vein - FS #9 gave him meth in a "little plastic bag" the second and third time and he "snorted (inhaled)" the meth, but he couldn't recall the dates Interview on 8/12/25 client #1's DSS guardian reported: - Was client #1's guardian - Made an onsite visit with client #1 at the facility on 6/24/25 - During the visit client #1 "disclosed" that he "used meth" that he received from FS #9 - She notified the QP/Director/Co-Owner #1 of	V 500		

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V 500	Continued From page 31 client #1's allegation of using meth Interview on 8/12/25 the QP/Director/Co-Owner #1 reported: - FS #9 was trespassed from the facility on 6/20/25 and terminated on 6/24/25 Interview on 8/18/25 the QP/Director/Co-Owner #1 reported: - Was responsible for reporting allegations to DSS - Didn't report client #1's allegation of using meth because client #1 didn't report he used meth - On 6/20/25, client #7A reported FS #9 gave client #1 meth, but client #1 denied it - Client #1's guardian didn't tell him that client #1 reported to her that he used meth - "No one reported client #1 used meth" until the DHSR Surveyor reported it on 8/18/25 - He spoke to client #1 on 8/18/25 and he denied using meth and denied reporting that he used meth - He also spoke to client #1's guardian and she denied client #1 reported that he used meth - Hadn't received any reports that client #3 was being bullied by FS #9 - Didn't report client #3's allegation of abuse to DSS because he didn't recall the DHSR Surveyor reporting it on 8/18/25	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	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 512	Continued From page 32 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 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. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. This Rule is not met as evidenced by: Based on record review and interview, 1 of 1 former paraprofessional staff (former staff (FS #9)) abused 1 of 3 audited clients (#2 and #3). The findings are: Review on 8/12/25 of FS #9's personnel record revealed: - Hired 4/23/25 - An Abuse and Neglect training certificate dated 4/24/25 Review on 8/12/25 client #2 record revealed: - Admitted 4/28/25 - Age: 13 years old - Diagnoses of Oppositional Defiant Disorder (ODD)	V 512	V512 United Family Network Inc. employees will protect clients for harm, abuse, neglect/ exploitation. This will be completed by all staff. Staff have had two additional supervisions covering recognizing, reporting harm, abuse, neglect/ exploitation. [redacted] also conducted several groups with clients about recognizing and reporting harm, abuse, neglect/ exploitation. [redacted] informed clients that they must report the incidents for staff to be able to take actions against staff or people who violate	

Division of Health Service Regulation

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V 512	Continued From page 33 Interview on 8/12/25 client #2 reported: - Shared a bedroom with client #3 - He witnessed client #3 and FS #9 "joking back and forth" - "[Client #3] would say things to [FS #9] and [FS #9] would say things back" - Couldn't recall what FS #9 said to client #3, but "I believe [FS #9] talked about [client #3]'s weight" - FS #9 told him "people in group homes get raped and no one would rape him" - Didn't recall when or why FS #9 made the comment Review on 8/12/25 of client #3's record revealed: - Admitted 7/19/24 - Age: 15 years old - Diagnoses of ODD, Attention-Deficit/Hyperactivity Disorder (ADHD)-Combined Type by History, Other Specific Trauma and Stressor Related Disorder and Disruptive Mood Dysregulation Disorder (DMDD) Interview on 8/12/25 client #3 reported: - Was in 9th grade - FS #9 "joked on big people" - FS #9 told him to "wake your fat a*s up" once - "Sometimes it (FS #9's jokes about him) would go too far" - He told FS #9 to stop "picking" on him, but FS #9 wouldn't stop - "I feel like I was being bullied (by FS #9)" ever since FS #9 began working in the facility in April 2025 - FS #9 didn't "bully" anyone else in the facility - Didn't report FS #9 "picking" on him to any staff - He "didn't feel safe" with FS #9 because FS #9 was "sexually weird"	V 512	these rules/ laws. QP [redacted] or the designated staff will report all incidents of harm, abuse, neglect/ exploitation.	

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V 512	Continued From page 34 - Recalled he had a conversation with FS #9 and FS #9 said "he (FS #9) would never let anyone rape him" - Didn't recall when or why FS #9 had that conversation with him Interview on 8/25/25 FS #9 reported: - He "never talked about his (client #3) weight" - He didn't say derogatory names to client #3 - Recalled having "a conversation" with client #1 about his weight because "he was upset about his size" - He and client #3 "talked about losing weight...if you want to lose weight only you can make it happen? - He didn't talk to clients #2 or #3 about clients getting raped in group homes - "[Qualified Professional (QP)/Director/Co-Owner #1] said a staff or a client could get raped...[QP/Director/Co-Owner #1] said [client #5A] wanted to rape him" - Didn't recall if the QP/Director/Co-Owner #1 said it in front of any clients or when the QP/Director/Co-Owner #1 made the comment Interview on 8/18/25 the Associate Professional/Co-Owner #2 reported: - Hadn't received any reports that FS #9 verbally abused client #3 - Client #3 "never" reported being picked on by FS #9 Interviews on 8/12/25 and 8/18/25 the QP/Director/Co-Owner #1 reported: - FS #9 was trespassed from the facility on 6/20/25 and terminated on 6/24/25 - Hadn't received any reports that clients were being picked on or bullied by FS #9 Interview on 8/28/25 the QP/Director/Co-Owner	V 512		

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V 512	Continued From page 35 #1 reported: - Wasn't aware FS #9 made comments about rape to clients #2 and #3 - He didn't make any comments about rape to staff or clients Review on 8/28/25 of a Plan of Protection dated 8/28/25 and written by the QP/Director/Co-Owner #1 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? 1. Previously conducted supervision on abuse 6/22/25 2. [FS #9] terminated on 6/24/25 3. Conduct group with clients on reporting neglect, abuse, exploitation. Ongoing. 4. Ongoing training on verbal abuse at supervisions (monthly). Describe your plans to make sure the above happens. 1. Continue to monitor clients and reports from clients of abuse and neglect. 2. Report incidents of abuse and neglect." The facility served a client with ODD, ADHD, DMDD and Other Specific Trauma and Stressor Related Disorder. Clients #3 was 15-years-old. FS #9 verbally abused client #3 when he made degrading comments about client #3's weight. FS#9 would say to client #3 wake your fat a*s up. Client #3 asked FS #9 to stop bullying and picking on him, but FS #9 continued to make degrading comments. Client #3 didn't feel safe with FS #9 because he felt FS#9 was sexually weird. FS #9 had inappropriate conversations with client #2 and #3 about clients being raped in group homes. This deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days.	V 512		