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INITIAL COMMENTS

A complaint and follow-up survey was completed on October 14, 2025. The complaints were substantiated (intake #s NC#00233840 and NC#00233851). Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.

This facility is licensed for 2 and has a current census of 1. The survey sample consisted of an audit of 1 former client.

V 111 | V 111

27G .0205 (A-B)
Assessment/Treatment/Habilitation Plan

10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN
(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:
(1) the client's presenting problem;
(2) the client's needs and strengths;
(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;
(4) a pertinent social, family, and medical history; and
(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.
(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter

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referred to as the "plan," strategies to address the client's presenting problem shall be documented.

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to develop strategies to address a former client's presenting problem. The findings are:

Reviews from 10/7/25 through 10/13/25 of Former Client (FC#2)'s record revealed:
-Admission date of 9/16/25.
-Discharge date of 9/24/25.
-Diagnoses included: Autism Spectrum Disorder, Severe Intellectual Developmental Disability, Dysphagia, Congenital Quadriplegia, Hearing Disorder, Gastroesophageal Reflux Disease, Irritable Bowel Disorder, Constipation, Seasonal Allergies, Potocki-Lupski Syndrome with associated medical and cognitive conditions.

Review on 10/8/25 of medical information from FC#2's psychiatric hospitalization from 2/22/25 to 9/16/25 revealed:
-FC#2 had an "elevated risk for aspiration" and "choking."
-Aspiration precautions included "soft and bite-sized diet, staff to feed patient (FC#2), and straw for fluids."
-Instruction to "use a straw with all beverages."

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Review on 10/8/25 of a 9/22/25 incident report for FC #2 revealed:
-At 4:30 pm, FC#2 "packed" her mouth with food without swallowing.
-Staff #3 used a spoon to remove the food from FC#2's mouth "to prevent choking," and froze FC#2's nutritional supplement drink "to make it easier for her to drink."
-No documentation a straw was used with FC#2's nutritional supplement drink.

Review on 10/7/25 of FC#2's short-term residential goals dated 9/15/25 revealed:
-Goal #2 was FC#2 would "safely eat her meals with 10 or verbal prompts."
-No documentation of staff strategies other than verbal prompts to address methods to support FC#2 with safe eating and drinking.
-No documentation of the use of a straw with all beverages.

Review on 10/12/25 of a staff note dated 9/16/25 by the Residential Supervisor revealed:
-"Manager (Residential Supervisor) observed [FC#2] eating and drinking and she appeared to cough when she tried to drink so we ensured she used a straw and gave her smaller sips in between bites of food."

Interview on 10/9/25 with FC#2 revealed:
-FC#2 could not be interviewed in the traditional manner due to her developmental disabilities.

Interview on 10/8/25 with FC#2's mother/legal guardian revealed:
-Her mother visited FC #2 at the facility on 9/21/25 and found staff (Staff #3 and Staff #4) did not know FC#2 was to drink her beverages out of a straw.

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-The use of a straw with beverages was in FC#2's assessment and plan to help with swallowing liquids.
-"Staff were giving her a cup to drink out of."

Interview on 10/8/25 with Staff #3 revealed:
-On 9/22/25 when she fed FC#2, FC#2 "was packing food in her mouth."
-She notified the facility nurse who gave instructions to use a spoon to remove the food from FC#2's mouth and freeze the liquid nutritional supplement to "thicken it (the liquid)."
-FC#2 did not have a straw to use with her liquid nutritional supplement.
-"She (FC#2) drank out the [the liquid nutritional supplement] container."
-She was told about FC#2 using a straw with her beverages when FC#2's grandmother provided straws during her visit on 9/21/25.
-"(Facility) got her (FC#2) from the hospital and we (staff) knew very little about her."

Interview on 10/8/25 with Staff #4 revealed:
-She was the Team Lead for the Direct Care staff.
-She was present at the facility when FC#2's grandmother visited on 9/21/25.
-"Grandmother said [FC#2] was to drink her liquids out of straws. I hadn't heard this before."

Interview on 10/8/25 with Former Staff (FS #2) revealed:
-She was not aware FC#2 was to use a straw with her beverages until FC #2 was hospitalized on 9/24/25.
-"We had a staff meeting and talked about her (FC#2). The meeting was 3 or 4 days after [FC#2] had been there (admitted to the facility).
-"Nothing was said about [FC#2] needing to use a straw to drink from."

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Interview on 10/7/25 with the Residential Supervisor revealed:
-On or around 9/21/25, she observed that when FC #2 would drink from a straw, "she got choked more."

Interview on 10/10/25 with the Qualified Professional revealed:
-One of her responsibilities was gathering information about a potential client for admission decision-making.
-She had the responsibility of writing the short-term client goals from the client's individual support plan (ISP), which is usually written by the Care Manager of the Local Management Entity/Managed Care Organization (LME/MCO).
-The use of a straw with all beverages was not in FC #2's 9/16/25 ISP.
-The short-term goals were initial goals for FC#2 and more information would have been added to her goals if FC#2's admission had been longer than 8 days.
-"I knew she was supposed to take sips of drinks."

Interviews on 10/7/25 and 10/14/25 with the Owner revealed:
-FC#2 was admitted on 9/16/25 as an "emergency placement."
-Confirmed he conducted a staff training on 9/18/25 on FC#2's client specifics which included her diagnoses, goals, behaviors and activities of daily living she needed assistance with.
-"Hospital discharge (information) from her previous psychiatric hospitalization, guardianship and ways to work with her (FC#2) were gone over with staff."
-"It's on me. I accept the responsibility for FC#2's care during her time here."
-"I was hands off because I was letting staff do

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their jobs but now I know I have to be hands on moving forward to make sure the staff are doing their jobs."

V 118 — 27G .0209 (C) Medication Requirements — V 118

10A NCAC 27G .0209 MEDICATION REQUIREMENTS
(c) Medication administration:
(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.
(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.
(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.
(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:
(A) client's name;
(B) name, strength, and quantity of the drug;
(C) instructions for administering the drug;
(D) date and time the drug is administered; and
(E) name or initials of person administering the drug.
(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.

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This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to accurately record a client's medication administration and keep current the MAR. The findings are:

Reviews from 10/7/25 through 10/13/25 of Former Client (FC#2)'s record revealed:
-Admission date of 9/16/25.
-Discharge date of 9/24/25.
-Diagnoses included: Autism Spectrum Disorder, Severe Intellectual Developmental Disability, Dysphagia, Congenital Quadriplegia, Hearing Disorder, Gastroesophageal Reflux Disease, Irritable Bowel Disorder, Constipation, Seasonal Allergies, Potocki-Lupski Syndrome with associated medical and cognitive conditions.
-9/11/25, Physician-ordered medications:
  -Benzoyl Peroxide (acne) 5% Topical soap, use every other day.
  -Benztropine Mesylate (muscle shaking) 0.5 milligram (mg) tablet (tab), ½ tab 3 times a day at 5 am, 12 pm and 5 pm.
  -Cetirizine (allergies)10 mg tab, 1 tab every day at 5 pm, crush med and put in food.
  -Clonidine (high blood pressure) 0.1mg, 1 tab 2 times a day at 5 am and 5 pm, crush and give in food.
  -Clonazepam(anticonvulsant) 0.5 mg tab 1 tab two times a day, crush in food and give by mouth.
  -Fluticasone (allergies) 50 microgram (mcg) give 2 sprays in each nostril 2 times a day.
  -Melatonin (sleep) 3 mg tab 1 tab 1 x day at 5 pm.
  -Escitalopram (depression) 5 mg tab every day, can crush in applesauce.

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Review on 10/8/25 of FC#2's September 2025 MAR revealed:
-9/23/25 at the 5 pm dose time, FC#2's medications coded as "LOA" for "Leave of Absence" were Benzoyl Peroxide, Benztropine Mesylate, Cetirizine, Clonidine, Clonazepam, Fluticasone, and Melatonin.
-Due to the duplication of Cetirizine listed twice on the Mar with same staff initials, it could not be determined if FC#2 received this medication as ordered by the physician.
-No evidence the Escitalopram was listed more than once .

Review on 10/9/25 of FC#2's medication list from her 9/16/25 hospital discharge paperwork revealed:
-FC#2's medications were listed 2-3 times on the medication list with handwritten "x" and check marks beside the medications.

Interview on 10/8/25 with FC#2's mother/guardian revealed:
-The facility nurse had questioned why FC#2's medications were listed twice on FC#2's paperwork.
-"Lexapro (Escitalopram) 5 mg, 1 time a day and it was listed twice."
-She questioned if FC#2 was receiving more medication doses than what was prescribed by her physician.

Interview on 10/10/25 with the facility nurse revealed:
-She was a registered nurse.
-She was present at the facility during FC#2's admission.
-"The medicines were a mess. The medicine list had medicines duplicated. [FC#2]'s medicines

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were sent to us from the hospital."
-"I went by the FL-2 (medical form) and discharge paperwork to enter her medicines on the MAR. With the Prilosec (Omeprazole), the hospital was giving her 60 mg and listed this medication on FC#2's discharge medicine list for 40 mg and 20 mg separately but the FL-2 had this medicine down for 40 mg. I called the hospital to get clarification of 60 mg twice daily."
-She marked beside the medications on the 9/16/25 discharge paperwork as she matched each of FC#2's medicines.
-She did not know why the medication discharge paperwork had duplicate medication entries.
-She visited the facility at least weekly and checked on the clients' (Client #1 and FC#2)'s medications and MAR.

Interview on 10/8/25 with Staff #3 revealed:
-Denied any issues or problems with FC#2's medication administration.

Interview on 10/8/25 with Staff #4 revealed:
-FC#2 was admitted to the facility with "a whole lot of medicine."
-The nurse came to the facility and "checked" the medications in and put them (medication information) on the MAR.
-FC#2's medicines were crushed and given to her in food.
-She knew of no problem with FC #2's medication administration.

Interview on 10/9/25 with Former Staff (FS#7) revealed:
-She worked 2nd shift and administered medications to FC#2 for the 3 or 4 days she worked with FC#2.
-She denied any problems or issues with medication administration.

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V 118	Continued From page 9 Interview on 10/9/25 with the Residential Supervisor revealed: -The code of LOA on 9/23/25 on FC#2's MAR was a documentation issue. -She believed FC#2 received her medications on 2nd shift on 9/23/25 as ordered by the physician.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for 1 of 3 audited staff (Staff #1). The findings are: Review on 10/10/25 of Staff #1's personnel record revealed: -Hire date of 8/4/25. -No documentation the HCPR was accessed for Staff #1. Interview on 10/14/25 with the Owner revealed: -The HCPR was accessed but he could not locate	V 131		

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V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record	V 133		

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V 133	Continued From page 11 check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all	V 133		

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of the following factors in determining whether to hire the applicant:
(1) The level and seriousness of the crime.
(2) The date of the crime.
(3) The age of the person at the time of the conviction.
(4) The circumstances surrounding the commission of the crime, if known.
(5) The nexus between the criminal conduct of the person and the job duties of the position to be filled.
(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.
(7) The subsequent commission by the person of a relevant offense.
The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.
(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:
(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.
(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.
(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or

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V 133	Continued From page 13 federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while	V 133		

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V 133	Continued From page 14 impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a criminal background check was completed within five business days of a conditional offer of employment for 2 of 3 audited staff (Staff #3 and the Qualified Professional (QP)). The findings are: Review on 10/10/25 of Staff #3's personnel record revealed:	V 133		

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V 133	Continued From page 15 -Hire date of 7/14/25. -Criminal Background Check on 8/13/25. Review on 10/10/25 of the QP's personnel record revealed: -Hire date of 10/23/23 -Criminal Background Check on 1/4/24. Interview on 10/14/25 with the Owner revealed: -He would ensure the criminal background checks were completed with the required time frame moving forward.	V 133		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the	V 290		

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emergency back-up procedures determined by the governing body; or
(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.
(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:
(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and
(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to maintain staffing to respond to meet the individualized client needs of 1 of 1 former client (FC#2). The findings are:

Reviews from 10/7/25 through 10/13/25 of Former Client (FC#2)'s record revealed:
-Admission date of 9/16/25.
-Discharge date of 9/24/25.
-Diagnoses included: Autism Spectrum Disorder, Severe Intellectual Developmental Disability, Dysphagia, at-risk for aspiration, Congenital Quadriplegia, Hearing Disorder, Irritable Bowel Disorder, Potocki-Lupski Syndrome, Postural

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Scoliosis, Club foot of both lower extremities, and high risk for injury related to fall.
-Ambulation was semi-ambulatory, incontinent of bladder and bowel, hearing limitation, non-verbal with communication of needs, and total personal care assistance needed with bathing, feeding and dressing
-Behavioral history included physical aggression toward family and caregivers (grabbing, scratching, biting, pinching, hair-pulling), self-injurious behaviors (head banging and dropping self to the floor unexpectedly), and property destruction.

Review on 10/13/25 of FC#2's care plan which was developed on 9/19/25 revealed:
-FC#2 required "total care with all activities of daily living."
-"Currently requires 2:1 staffing during the day and 1:1 staffing during the night."
-"FC#2 will receive assistance with personal hygiene tasks such as bathing, dressing, hygiene, meal preparation, eating, cleaning of personal areas, medication administration, communication skills, safety skills and social skills."
-"Staff will also provide monitoring and redirection of inappropriate behaviors."

Review on 10/7/25 incidents reports for FC#2 revealed:
-9/19/25 at 6:30 pm during 2nd shift, FC #2 threw a "temper tantrum and initially sat on the floor and refusing to get up" in response to Staff #3" attempts to take FC#2 to the bathroom to prepare her for a shower. Staff #3 stated, "she (FC#2) proceeded to lie on the floor ... I helped her up before she hit her head on the floor."
-9/21/25 at 4 pm, Staff #1 "seen bruises on [FC#2]'s legs when changing and giving her a shower. [FC#2] dropped body to the floor when

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staff (Staff #1) was assisting her from her bedroom back to the living room after changing her."
-Staff #1 then documented "Staff did not see bruises on her legs until the following day of 9/22/25."
-9/22/25 at 6 pm, Staff #3 observed "[FC#2] did not want to eat her food and packed food in her mouth without swallowing. I used a spoon to carefully remove the food from her mouth to prevent choking."
-No documentation in the incident reports of a 2nd staff present at the facility or assisting with FC#2's care.

Interview on 10/8/25 with FC#2's mother/legal guardian revealed:
-FC#2 needed 2 staff at 1 time to assist her with her daily care and activities.
-The Local Management Entity/Managed Care Organization (LME/MCO) approved funding for FC#2 to have 2:1 staffing to help meet FC#2's needs.

Interview on 10/9/25 with Staff #1 revealed:
-She worked as a direct care staff at the facility on 2nd shift, which was from 3 pm to 11 pm.
-"Just me, one person on shift" in response to how many staff worked with her on her shift.
-She was responsible for providing personal care (bathing and dressing), medication administration, meal preparation, and supervision and monitoring to FC#2 and her housemate.
-She did not remember what day she physically assisted FC#2 from the bathtub, but she recalled "she (FC#2) dropped to the ground all of a sudden ... she would drop without any warning and sometimes slam her body to the floor. She dropped on her legs and sometimes dropped forward."

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V 290	Continued From page 19 Interview on 10/8/25 with Staff #3 revealed: -She started work at the facility in June or July (2025) as a Direct Care Support Staff. -She usually worked 2nd and 3rd shifts as a double shift. -"Only one, me by myself" in response to who usually worked with her on her shifts. -"I took care of [Client #1] and [FC#2] on my shifts." -She worked 2nd and 3rd shift on 9/19/25 and FC#2 had a behavior where she sat on the hallway floor until she (Staff #3) picked FC#2 up and took her to her room. Interview on 10/8/25 with Staff #4 revealed: -"We were trying to get new staff hired as soon as she (FC#2) was admitted ..." -"Once they (management staff) learned from the mother about her behaviors, we were trying to have 2 staff there (at facility) at all times so she (FC#2) could have 2:1 care." -New staff who were in training were at the facility "only 4-5 hours" with scheduled staff. -"One girl (staff) immediately quit because [FC#2] was pinching and biting her." -"It took 2 staff in the mornings to get her (FC#2) ready (for the day program) because she was fighting staff." Interview on 10/8/25 with Former Staff (FS #6) revealed: -Her last day working at the facility was on 10/3/25. -"I told them (facility management) I don't do total care anymore." -"I worked the night shift. The ladies (clients) were in the bed." -Day program staff came to the facility in the mornings to get FC#2 up, help her with her	V 290		

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hygiene, getting her dressed and gave FC#2 her medication.
-"There was no 1:1 with [Client #1] and [FC#2]. There was just 1 staff to care for them both."
Interview on 10/9/25 with the Residential Supervisor revealed:
-FS #8 quit work because she was "overwhelmed by [FC#2]'s behaviors. She stayed until her shift was over and quit. Another staff quit that Thursday."
-"I was at the home (facility) when she (FC#2) was admitted. Then I had to go work at another home (sister facility) due to short staffing ..."

Interview on 10/10/25 with the Qualified Professional (QP) revealed:
-"We had original staff in place at [FC#2]'s admission and knew there needed to be 2:1 staffing with [FC#2] and we were hiring additional staff."
-"Once staff worked with her (FC#2), they didn't want to work with her again because of her behaviors. She was pinching, biting staff, refusing to have her hygiene care provided to her by staff. We were constantly hiring people and the day (program) director was coming in (at facility) of the mornings to help with her care."
-"We had people (staff) scheduled to work to have the 2:1 staffing but then staff didn't want to work with her and they quit."

Interview on 10/7/25, 10/10/25 and 10/14/25 with the Owner revealed:
-"[FC#2]'s care was super complex but we have dealt with complex members in the past."
-"[FC#2] had 1:1 staffing solely for her. We never went without 2 staff in this home (facility)."
-He completed FC#2's client-specific training with staff 3 days after FC#2's admission and provided documentation of the staff training.

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V 290	Continued From page 21 -Confirmed there were staff who quit work because they could not "handle" their work. -"I left my staff to take care of [FC#2]'s care needs." -"I was hands off because I was letting staff do their jobs but now I know I have to be hands on moving forward to make sure the staff are doing their jobs. I accept responsibility for [FC#2]'s care during her time here.	V 290		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community	V 291		

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inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to maintain coordination with the qualified professionals responsible for a former's client's treatment. The findings are:

Reviews from 10/7/25 through 10/13/25 of Former Client (FC#2)'s record revealed:
-Admission date of 9/16/25.
-Discharge date of 9/24/25.

Review on 10/7/25 of Former Client (FC#2)'s medical orders dated 9/16/25 revealed:
-FC #2's weight was to be checked weekly.

Review on 10/8/25 of medical information from FC#2's psychiatric hospitalization from 2/22/25 to 9/16/25 revealed:
-FC #2's weight ranged from 93 pounds (lbs.) to 98 lbs.

Review on FC#2's hospital record dated 9/24/25 revealed:
-FC#2 weighed 76 lbs. on 9/24/25.

Interview on 10/8/25 with FC#3's mother/legal guardian revealed:
-She confirmed FC#2 weighed 76 lbs. compared to 97-98 lbs. from her psychiatric hospital admission between 2/22/25 to 9/16/25.
-She understood a walk-in medical provider refused to see FC#2 (9/24/25) because she was "malnourished and dehydrated and [FC#2]

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needed to go to an emergency room ..."
-"If staff bathed her every day, how could you not see she was losing weight. You could see her spine."

Interviews on 10/7/25, 10/10/25 and 10/14/25 with the Owner revealed:
-"It (FC#2)'s weight was not done (checked) because we do weights monthly."
-" ...the weight part we do monthly. There was no intake weight from the hospital so we need to get weight and all vitals moving forward and make sure everything is documented. Typically discharge paperwork will have an individual's height and weight and then we can use it as a baseline but I did not see any of that."
-"I'll make sure we get the vitals, height and height when they (clients) are admitted and check the dr orders."