

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-420</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/26/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SAVING OTHERS UNTIL LIFE STOPS LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>117 ABERNATHY STREET MOUNT HOLLY, NC 28120</b>
---	--

(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	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 11-26-25. The complaint was substantiated (Intake #NC00234616). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children Or Adolescents.</p> <p>This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p>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;</p>	V 118		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-420</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/26/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SAVING OTHERS UNTIL LIFE STOPS LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>117 ABERNATHY STREET</b> <b>MOUNT HOLLY, NC 28120</b>
---	--

(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 118	<p>Continued From page 1</p> <p>(D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure that medication was administered on the written order of a physician and that the MARs were kept current affecting 1 of 2 clients (client #1). The findings are:</p> <p>Review on 11-20-25 of client #1's record revealed: -Date of admission: 2-27-25. -Age: 16 years. -Diagnoses: Disruptive Mood Dysregulation Disorder; Post-Traumatic Stress Disorder; Attention Deficit Hyperactivity Disorder; Autism Spectrum Disorder. -Unsigned after visit summary from [local provider] dated 4-18-25 for Melatonin (sleep) 3 milligram (mg) take one tablet by mouth as needed for insomnia. -No documentation of a signed physicians order for Melatonin.</p> <p>Review on 11-20-25 ad 11-26-25 of client #1's September 2025 through October 2025 MARs revealed: -Melatonin 3mg one tab (tablet) by mouth.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-420</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/26/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SAVING OTHERS UNTIL LIFE STOPS LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>117 ABERNATHY STREET</b> <b>MOUNT HOLLY, NC 28120</b>
---	--

(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 118	<p>Continued From page 2</p> <p>-Melatonin 3mg initialed as administered 59 times from 9-1-25 to 10-29-25.</p> <p>Interview on 11-20-25 with client #1 revealed: -"I use to take melatonin but I don't take it anymore. They (physician) changed my medicine and now I take something else."</p> <p>Interview on 11-18-25 and 11-20-25 with the Director/Licensee revealed: -Client #1 was prescribed Melatonin 4-18-25 due to difficulty falling and staying asleep. -She was unaware that the "after visit summary" obtained from the provider was not a physicians order. -"I thought that was the order (physicians' order)." -"Going forward we (facility) will make sure that we get a signed copy of the physicians' order for the client's record."</p>	V 118		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-420</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/26/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SAVING OTHERS UNTIL LIFE STOPS LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>117 ABERNATHY STREET</b> <b>MOUNT HOLLY, NC 28120</b>
---	--

(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 364	<p>Continued From page 3</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-420</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/26/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SAVING OTHERS UNTIL LIFE STOPS LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>117 ABERNATHY STREET</b> <b>MOUNT HOLLY, NC 28120</b>
---	--

(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 364	<p>Continued From page 4</p> <p>several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-420</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/26/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SAVING OTHERS UNTIL LIFE STOPS LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>117 ABERNATHY STREET</b> <b>MOUNT HOLLY, NC 28120</b>
---	--

(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 364	<p>Continued From page 5</p> <p>or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-420</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/26/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SAVING OTHERS UNTIL LIFE STOPS LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>117 ABERNATHY STREET</b> <b>MOUNT HOLLY, NC 28120</b>
---	--

(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 364	<p>Continued From page 6</p> <p>the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-420</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/26/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SAVING OTHERS UNTIL LIFE STOPS LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>117 ABERNATHY STREET</b> <b>MOUNT HOLLY, NC 28120</b>
---	--

(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 364	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure clients had the right to make and receive confidential telephone calls affecting 2 of 2 clients (#1, #2). The findings are:</p> <p>Review on 11-20-25 of client #1's record revealed: -Date of admission: 2-27-25. -Age: 16 years. -Diagnoses: Disruptive Mood Dysregulation Disorder; Post-Traumatic Stress Disorder; Attention Deficit</p> <p>Review on 11-20-25 of client #2's record revealed: -Date of admission: 9-30-25. -Age: 16 years. -Diagnoses: ADHD, combined type; Conduct Disorder, childhood onset.</p> <p>Interview on 11-20-25 with client #1 revealed: -She is able to make and receive phone calls but staff monitor all her phone calls. -"They (staff) listen to our (clients) calls. We (clients) have to leave our door open or talk in the kitchen so they can make sure we are not talking to anybody we are not suppose to be talking to and they can hear what we are saying." -"No, I don't like it (phone calls being monitored)."</p> <p>Interview on 11-18-25 with client #2 revealed: -She is able to make and receive phone calls but staff monitor all her phone calls. -Her phone calls are not private. Staff listened to all of her phone calls. -Yes, they monitor all our calls. They will listen</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-420</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/26/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SAVING OTHERS UNTIL LIFE STOPS LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>117 ABERNATHY STREET</b> <b>MOUNT HOLLY, NC 28120</b>
---	--

(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 364	<p>Continued From page 8</p> <p>with the other phone while you are talking. Yes even when I'm talking to my guardian. They monitor all our calls."</p> <p>"I told them I didn't like it (staff monitoring phone calls). I told [Director/Licensee] but she told me they had to do it (monitor calls)."</p> <p>Interview on 11-18-25 with staff #1 revealed: -"Phone calls, they (clients) have schedules (for when they can make phone calls) I think it's based on their behavior chart. Staff monitor their (clients) calls until the call is up (finished)." "We (staff) check in to make sure that they are on the phone with the person they are suppose to be on the phone with." -"There are two phones, one in the kitchen and one in the living room. We will dial the number of the who they are calling and they are in the kitchen area talking to whoever. We generally are sitting in the living room watching TV or something and we pick up the other phone, mute it and listen to the conversation. Um I will check in every two minutes or so. You know we want to make sure if you start with a female on the phone we want to make sure you are still talking to a female." -"Some one (staff) that no longer works here trained me on how to monitor the calls." -"[Qualified Professional(QP)] trained with me on how to do the phone logs, check the phone calls, policy in the log book."</p> <p>Interview on 11-20-25 with staff #2 revealed: -"Yes, I was told by [QP] and [Director/Licensee] that all the phone calls had to be monitored any time they made a call or received a call to make sure that they were not discussing something they were not suppose to be."</p> <p>Interview on 11-20-25 with the Associated</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-420</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/26/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SAVING OTHERS UNTIL LIFE STOPS LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>117 ABERNATHY STREET</b> <b>MOUNT HOLLY, NC 28120</b>
---	--

(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 364	<p>Continued From page 9</p> <p>Professional revealed:                      -"We (staff) do it (phone calls) based off behaviors but of course their rights is they do get phone calls."                      -"They (clients) are monitored, it's more so like for me, I knd of of like, I like to give them some privacy, so if they are in their room I will walk out (of the room) but then I will walk back (every 2 to 3 minutes) It's not a constant of me being right there when they are talking but I will walk back to make sure that the conversation is appropriate. But then I do leave (room) because I do want to respect that space."                      -Denied picking up alternate phone to listen to clients phone conversations.</p> <p>Interview on 11-20-25 with the Director/Licensee revealed:                      -The clients guardians determine who the client is allowed to call.                      -"When they make a phone call we dial the number, I know with [client #1] and [client #2] they have to be monitored. They have like court cases that are going on. We have to listen in on the phone calls and we were instructed by the guardian that if anything inappropriate is said or if certain parties get on the phone then we have to automatically terminate the call."                      -She was not aware that the facility was not allowed to monitor client phone calls.</p>	V 364		