

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	---	---

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

(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>INITIAL COMMENTS</p> <p>A complaint survey was completed on 2/23/26. The complaint was substantiated (Intake #NC00235326). 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 1. The survey sample consisted of audits of 1 current client.</p> <p>This surevy was orginally closed on 1/14/26 and was reopened on 2/2/26.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or 	V 112		

RECEIVED
APR 14 2026
DHSR-MH Licensure Sect

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: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	---	---

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

(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 112	<p>Continued From page 1</p> <p>responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement goals and strategies to meet the individual needs of the client affecting 1 of 1 client (#1). The findings are:</p> <p>Review on 1/9/26 and 1/15/26 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date 2/27/25; - Age 16 years old; - Diagnoses Disruptive Mood Dysregulation Disorder, Post traumatic Stress Disorder, Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder; - Review of Treatment Plan dated 2/14/25 "Safety and Security- Suicidal Ideations/behaviors/self-harm: [Client #1] stated that she has previously had suicidal thoughts and has self-harmed by cutting her wrist. [Client #1] stated that she does not cut her wrist in a way where she is trying to kill herself or cause real damage, instead she is trying to release what she is feeling. [Client #1] stated that the last time she cut herself was a month ago." - Treatment Plan had no goals or strategies to address suicidal ideations and self-harm behaviors. 	V 112		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	--	---

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

(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 112	<p>Continued From page 2</p> <p>Review on 1/9/26 and 1/12/26 of the facility's internal incident reports from December 1, 2025-January 8, 2026 revealed:</p> <ul style="list-style-type: none"> - On 12/17/25, Client #1 banged her head against the wall; - On 12/18/25, Client #1 communicated threats to "slit someone's throat" and banged her head against her bedroom wall; - On 1/4/26, Client #1 self harmed by breaking a glass jar and used the broken glass to cut her wrist while at the facility with Staff #1; - On 1/6/26, the Associate Professional observed Client #1 trying to conceal broken glass. <p>Interview on 1/8/26 with Client #1 revealed:</p> <ul style="list-style-type: none"> - "I don't want to talk about that," incident on 1/4/26; - Denied having any glass on 1/6/26. <p>Interview on 1/8/26 with the Associate Professional revealed:</p> <ul style="list-style-type: none"> - "She (Client #3) has been having alot of behaviors (attention seeking, entitlement) lately;" - Client #1's goals were attend school, stop attention seeking behaviors, and learn coping skills; - On 1/4/26, "she (Client #3) was feeling very entitled," due to not being able to watch a movie. Client #3 broke a glass jar and cut her wrist. <p>Interview on 1/10/26 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - Was responsible for the treatment plans; - Met monthly with child and family treatment (CFT) team to discuss feedback on goal progress; - Client #1's goals were to work on effective coping strategies, be able to communicate triggers, identify triggers are coming and being 	V 112		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	---	---

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

(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 112	<p>Continued From page 3</p> <p>able to advocate for herself; - "We (Staff) do alot of strategies on a daily basis to help stabalize their (clients) mental health;" - "When we meet for our CFT meetings, we will review goals and strategies to make sure they meet the needs of the clients."</p> <p>Interview on 1/15/26 with the Executive Director/Licensee revealed: - The QP was responsible for the treatment plans; - "Client #1 don't have any self-injurious behaviors; - Client #1 "just started (1/4/26) cutting on her wrist;" - "We (Staff) have only dealt with her (Client #1) banging her head on the wall" - Planned to discuss goals with the QP and add to treatment plan.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope V(293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 112		
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/23/2026
NAME OF PROVIDER OR SUPPLIER SAVING OTHERS UNTIL LIFE STOPS LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 117 ABERNATHY STREET MOUNT HOLLY, NC 28120		
(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 293	Continued From page 4 (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.	V 293			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	---	---

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

(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 293	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to minimize the occurrence of behaviors related to functional deficits, ensure safety and deescalate out of control behaviors including frequent crisis management, and assist the adolescent in the acquisition of adaptive functioning in self-control, communication, and social skills affecting 1 of 1 client (Client #1). The findings are:</p> <p>Cross-Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on record review and interview, the facility failed to develop and implement treatment strategies to address the needs of 1 of 1 client (Client #1).</p> <p>Cross-Reference: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296). Based on record review and interview, the facility failed to ensure 2 direct care staff were present for up to four adolescents.</p> <p>Review on 1/14/26 of the facility's Plan of Protection dated 1/14/26 and signed by the Executive Director/Licensee: - "What immediate action will the facility take to ensure the safety of the consumers in your care? - I will inclement a clock in and out as a way to ensure 2 staff is here at all time. I will monitor who clock in and out to their shift daily each shift; - Describe your plans to make sure the above happens; - I will contact [payroll system] to add this to my profile. I will contact them today and have them start it as soon as possible."</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	---	---

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

(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 293	<p>Continued From page 6</p> <p>Review on 1/14/26 of the amended facility's Plan of Protection dated 1/14/26 and signed by the Executive Director/Licensee: - "What immediate action will the facility take to ensure the safety of the consumers in your care? - I will implement a clock in and out as a way to ensure 2 staff members are here at all time. I will monitor each shift to see who clock in and out daily. If someone call out I will the moment I am notified either have my as needed (PRN) staff, QP (Qualified Professional), AP (Associate Professional), myself, or another staff take over the shift. The QP is the assigned person to fill in any shift that someone call out from. If some call out from their shift it is mandatory she come in to complete the shift; - Describe your plans to make sure the above happens; - I will contact [payroll system] to add this feature (clock in and out) to my profile. I will contact them today and have them start it at their earliest start day. I will be sure to advise all staff to post the moment they find out they can't work their shift to find coverage I also have an attendance policy that will be strictly enforce to ensure I have reliable staff."</p> <p>Review on 2/5/26 of the facility's updated Plan of Protection dated 2/4/26 and signed by the Executive Director/Licensee: - "What immediate action will the facility take to ensure the safety of the consumers in your care? - Effective immediately 2/5/2026, Saving Others Until Life Stops LLC has implemented corrective actions to ensure the health, safety, and supervision of all consumers. S.O.U.L.S. will ensure that minimum staffing requirements are met at all times in accordance with 10A NCAC 27G .1704, including the use of relief staff and</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	--	---

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

(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 293	<p>Continued From page 7</p> <p>on-call supervisory coverage as needed. All consumers will receive continuous supervision appropriate to their assessed needs, and no consumer is left without required staff oversight. Management staff (QP/Executive Director/Licensee) will provide daily oversight of staffing assignments and shift coverage to ensure compliance.</p> <p>Additionally, all consumer assessments and treatment plans will be reviewed to ensure accuracy, timeliness, and alignment with current needs. Any missing or incomplete assessments or service plans have been immediately updated, and staff will be reoriented on each consumer ' s supervision level, risks, and required interventions.</p> <ul style="list-style-type: none"> - Describe your plans to make sure the above happens. - To ensure ongoing compliance and consumer safety, the facility has implemented the following actions effective 2/5/2026: A daily staffing verification process has been established to confirm that required staffing ratios are met for every shift prior to consumer supervision. Management or supervisory staff member ([Executive Director/Licensee] and [QP]) is responsible for reviewing staffing schedules, call-outs, and coverage daily. All direct care staff will be re-trained on consumer supervision requirements, individual risk factors, and implementation of treatment/service plans. Management ([Executive Director/Licensee] and [QP]) will conduct routine chart audits to ensure assessments and PCPs (Person Centered Plan) are completed timely and followed consistently. Any staffing shortages will be immediately escalated to management ([Executive Director/Licensee and [QP]), and approved contingency staffing plans will be activated to prevent lapses in supervision. The facility will 	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	---	---

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

(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 293	<p>Continued From page 8</p> <p>maintain documentation of staffing coverage, plan reviews, and staff training to support ongoing compliance. These measures will remain in place to ensure that consumers receive consistent supervision and individualized care."</p> <p>Review on 2/9/26 of the facility's updated Plan of Protection sent by the Executive Director/Licensee not signed or dated:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care? - Effective Immediately (2/7/2026) The Qualified Professional (QP) or appropriately credentialed clinical staff will be responsible for developing and approving each consumer's PCP. All direct care staff will be trained on each consumer's PCP prior to independently working with the consumer. Staff will document daily progress toward PCP goals. The Qualified Professional (QP) will ensure that each consumer's Person-Centered Plan (PCP) is reviewed and updated at least once monthly to reflect current needs, progress toward goals, and effectiveness of implemented strategies. The Program Director and Clinical Leadership are responsible for ensuring compliance with this Plan of Protection. The QP will make sure the PCPs will clearly outline. - Describe your plans to make sure the above happens. - Development of the PCP- A Qualified Professional (QP) or appropriately credentialed clinical staff will be responsible for developing and approving each consumer's PCP; - 1. The PCP will be developed with active participation from the consumer, and when applicable, the legal guardian, case manager/care coordinator, therapist, nursing staff, and residential leadership: - The PCP will be based on: 	V 293		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	--	---

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

(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 293	<p>Continued From page 9</p> <ul style="list-style-type: none"> - Comprehensive assessments (behavioral, mental health, medical, functional); - Identified risks and protective factors; - Consumer preferences, goals, cultural considerations, and personal strengths; -The PCP will clearly document: <ul style="list-style-type: none"> - Behavioral, emotional, mental health, and physical health needs; - Specific, measurable, time-limited goals; - Detailed staff strategies for each goal; - Safety interventions and crisis prevention measures; - 2. Implementation of the PCP by Direct Care Staff: <ul style="list-style-type: none"> - All direct care staff will be trained on each consumer's PCP prior to independently working with the consumer; <ul style="list-style-type: none"> - Staff will implement the PCP exactly as written, including: <ul style="list-style-type: none"> - Using identified behavioral support strategies and de-escalation techniques; - Providing therapeutic support and coping skill prompts as outlined; - Supporting physical health needs, medication adherence, hygiene, nutrition, and daily routines; - Following safety plans, risk mitigation strategies, and crisis response procedures; - Staff will provide services in a trauma-informed, respectful, and person-centered manner, ensuring the consumer's dignity, choice, and autonomy are upheld at all times; - 3. Documentation and Monitoring: <ul style="list-style-type: none"> - Staff will document daily progress toward PCP goals, including: <ul style="list-style-type: none"> - Interventions used Consumer responses, Behavioral patterns or changes. Any barriers to implementation; - Documentation will be objective, timely, 	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/23/2026
NAME OF PROVIDER OR SUPPLIER SAVING OTHERS UNTIL LIFE STOPS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 117 ABERNATHY STREET MOUNT HOLLY, NC 28120		
(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 293	Continued From page 10 and aligned with PCP goals and strategies; - Supervisory staff will review documentation routinely to ensure; - PCP strategies are being consistently implemented; - Staff actions align with documented goals; - Any concerns are promptly identified and addressed; - 4. Ongoing Review and Updates of the Person-Centered Plan (PCP): - The Qualified Professional (QP) will ensure that each consumer's Person-Centered Plan (PCP) is reviewed and updated at least once monthly to reflect current needs, progress toward goals, and effectiveness of implemented strategies; - The PCP will also be updated immediately whenever an emergency Child and Family Team (CFT) meeting is held, including but not limited to situations involving: - Significant behavioral escalation or safety concerns; - Psychiatric hospitalization or crisis stabilization admission; - Medical emergencies or changes in medical status; - Incidents indicating increased risk to the consumer or others; - Monthly reviews and emergency updates will ensure that: - Goals remain appropriate, measurable, and person-centered; - Strategies are adjusted promptly to address emerging needs; - Staff interventions continue to align with the consumer's current level of care and safety requirements; - All PCP revisions will be communicated to direct care staff immediately, and staff will be trained on updated goals and strategies prior to implementation;	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	---	---

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

(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 293	<p>Continued From page 11</p> <ul style="list-style-type: none"> - 5. Supervision, Oversight, and Accountability: <ul style="list-style-type: none"> - The Program Director and Clinical Leadership are responsible for ensuring compliance with this Plan of Protection. Oversight will include: <ul style="list-style-type: none"> - Regular chart audits to confirm PCP completeness and implementation; - Staff supervision and coaching to reinforce proper execution of PCP strategies; - Corrective action and retraining when deviations are identified. - Failure to follow a consumer's PCP will be addressed through: <ul style="list-style-type: none"> - Immediate staff retraining; - Increased supervision; - Disciplinary action when necessary; - 6. Protection of Consumer Health and Safety: <ul style="list-style-type: none"> - PCPs will clearly outline: <ul style="list-style-type: none"> - Identified risks (behavioral, emotional, medical); - Preventive strategies staff must use; - Crisis intervention steps designed to reduce harm and escalation; - Staff will follow all outlined safety strategies to: <ul style="list-style-type: none"> - Prevent behavioral crises; - Promote emotional regulation; - Ensure physical health and well-being; - Emergency protocols and external supports will be accessed when required to protect the consumer." <p>Review on 2/19/26 of the facility's updated Plan of Protection dated 2/19/26 and signed by the Executive Director/Licensee:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care? - Effective Immediately (2/7/2026) The Qualified Professional (QP) will be responsible for developing and approving each consumer's PCP. The QP will make sure the PCPs will clearly 	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/23/2026
NAME OF PROVIDER OR SUPPLIER SAVING OTHERS UNTIL LIFE STOPS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 117 ABERNATHY STREET MOUNT HOLLY, NC 28120		
(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 293	<p>Continued From page 12</p> <p>outline to address goals and strategies.</p> <ul style="list-style-type: none"> - Describe your plans to make sure the above happens. - Effective 2/7/2026 The QP will conduct monthly reviews of each consumer's PCP to verify that goals, objectives, and strategies remain individualized, measurable, and reflective of the consumer's current needs. - The QP will review daily progress notes on at least a weekly basis to ensure staff documentation accurately reflects implementation of PCP goals and progress toward objectives. - The PCP will clearly document: Behavioral, emotional, mental health, and physical health needs; Specific, measurable, time-limited goals; Detailed staff strategies for each goal; Safety interventions and crisis prevention measures. - The PCP will also be updated immediately whenever an emergency Child and Family Team (CFT) meeting is held, including but not limited to situations involving: Significant behavioral escalation or safety concerns, Psychiatric hospitalization or crisis stabilization admission, Medical emergencies or changes in medical status, Incidents indicating increased risk to the consumer or others." <p>The facility served children and adolescents between the ages of 12-17 with diagnoses that include Disruptive Mood Dysregulation Disorder, Post traumatic Stress Disorder, Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder. The facility did not develop and implement goals and strategies to address Client #1's suicidal ideation and self- injurious behaviors and failed to maintain two direct care staff at all times during shifts. On 1/4/24, Staff #1 was at the facility alone with Client #1, when she started to have</p>	V 293		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	--	---

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

(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 293	Continued From page 13 aggressive behaviors, and inflicted self- harm by cutting herself with glass. Staff #1 was scared during the incident while having to de-escalate the situation and made telephone calls for medical attention. EMS transported client to local hospital. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present 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	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	--	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 296	<p>Continued From page 14</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure the minimum staffing ratio of two staff for up to four adolescents. The findings are:</p> <p>Review on 1/9/26 and 1/15/26 of Client #1's record revealed: - Admission date 2/27/25; - Age 16 years old; - Diagnoses: Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder.</p>	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

V 296	<p>Continued From page 15</p> <p>Review on 1/8/26 of the facility's client and staff census completed by the Executive Director/Licensee revealed:</p> <ul style="list-style-type: none"> - The following staff listed: Executive Director/Licensee, Qualified Professional (QP), Associate Professional (AP), Staff #1, Staff #2, and Staff #3. <p>Review on 1/9/26 of the facility's internal incident reports from 12/1/25- 1/8/26 revealed:</p> <ul style="list-style-type: none"> - Date: 1/4/26; - Type of Incident: "suicide attempt, suicide gestures, self-harm, aggression, property damage;" - Describe the incident: "At approximately 1:25 PM, the client (Client #1) engaged in physically aggressive and destructive behavior, including: kicking the wall, striking the wall with her hands, forcefully slamming the table into the wall. Staff (Staff #1) attempted verbal processing and de-escalation without success. At approximately 1:28 PM, staff (Staff #1) contacted the director (Executive Director/Licensee), who also attempted verbal de-escalation unsuccessfully. At approximately 1:32 PM, the client went into her room and barricaded herself by positioning her back against the door, refusing redirection and continued verbal intervention. At approximately 1:40 PM, the client exited her room and entered the kitchen, where she engaged in property destruction by opening the freezer and throwing food items onto the floor, followed by opening the refrigerator and throwing additional items onto the floor. At approximately 1:43 PM, the client obtained a glass [sauce] jar, intentionally smashed it on the floor, retrieved a piece of broken glass, and attempted to cut her wrist, resulting in visible bleeding. Staff (Staff #1) immediately intervened and safely removed the glass from the client's hand. Staff (Staff#1), while 	V 296		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	--	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

V 296	<p>Continued From page 16</p> <p>on the phone with the director (Executive Director/Licensee), observed blood and were instructed to activate emergency services. At approximately 1:44 PM, 911 was contacted. Staff (Staff #1) followed all instructions from the 911 operator, including: Maintaining constant visual supervision, preventing access to potential weapons, Restricting food and ingestion. At approximately 1:55 PM, law enforcement arrived and assumed control of the scene. Staff (Staff #1) stepped back as directed. At approximately 2:05 PM, Emergency Medical Services (EMS) arrived. Law enforcement escorted the client to the ambulance. Staff (AP) accompanied the client and completed all required documentation for transport to the local hospital."</p> <p>Observation on 1/10/26 from approximately 8:56am-9:26am, when arrived on site in the facility revealed:</p> <ul style="list-style-type: none"> - The QP was the only staff present in the facility with Client #1. <p>Interview on 1/10/26 and 2/5/26 at 9:01am with the QP revealed:</p> <ul style="list-style-type: none"> - Two staff worked each shift; - "About 15 minutes" before Division of Health Service Regulation surveryor arrived (8:56am) on 1/10/26 at the facility, the Executive Director/Licensee arrived at the facility and allowed Staff #4, who was in training, to leave his shift early due to her being at facility however she left back out at the same time to go get breakfast; - Started shift at 2pm on 1/9/26 and would end shift at 2pm on 1/10/26; - Another staff member would come in at 2pm to work with the Executive Director/Licensee but did not know which staff member it would be; - Named Executive Director/Licensee, AP, Staff #1 and Staff #3 as the employees at the facility; 	V 296		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 296	<p>Continued From page 17</p> <ul style="list-style-type: none"> - Staff #3 had started within the last week, while QP was on leave, and had not met Staff #3; - Was always on call and filled in shifts when staff called out on their shift; - "If anyone is here by themselves that means someone left to get some food;" - "Even with one client we still have two staff. With client behaviors they can escalate sometimes. You have to have two people (staff) so someone could de-escalate and someone could call the police if necessary;" - Client #1 was the only client in teh facility since the discharge of Former Client #2 on 11/30/25. <p>Interview on 1/8/26 and 1/10/26 with Client #1 revealed:</p> <ul style="list-style-type: none"> - One staff worked each shift; - "It's only one staff since it's only me here;" - Staff #1 was the only staff working on 1/4/26, when Client #1 cut her wrist with the glass; - AP was the only staff working on 1/6/26, when broken glass was taken from client; - "[AP] was here by herself with me on yesterday (1/7/26);" - QP worked alone overnight on 1/9/26 into 1/10/26; - Named the Executive Director/Licensee, QP, AP, Staff #1 and Staff #4 (not listed on census) as the staff who worked at the facility; - Met Staff #4 on 1/9/26. <p>Interview on 1/8/26 and 1/12/26 with Staff #1 revealed:</p> <ul style="list-style-type: none"> - Worked alone with Client #1 from 1/3/26-1/4/26; - "It's always one staff working with the client;" - "There are only 3 staff (QP, AP, Staff #1) that work the shifts;" - Was the only staff at the facility on 1/4/26, when Client #1 cut her wrist with the glass; - "I was scared when [Client #1] started bleeding 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/23/2026
NAME OF PROVIDER OR SUPPLIER SAVING OTHERS UNTIL LIFE STOPS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 117 ABERNATHY STREET MOUNT HOLLY, NC 28120		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 296	<p>Continued From page 18</p> <p>when she cut her wrist, I never experienced that before;"</p> <ul style="list-style-type: none"> - AP arrived at the facility when [Client #1] was getting ready to be transported by EMS to the local hospital on 1/4/26; - "She (Executive Director/Licensee) told me to tell the police that the other staff was gone to get something to eat" on 1/4/26; - No knowledge who worked the other shifts when he was not working. <p>Attempted interviews through telephone call and text message on 1/8/26 and 1/9/26 for Staff #2 and Staff #3 were unsuccessful due to no return contact before the survey exit.</p> <p>Review on 1/9/26 of an email sent to the Executive Director/Licensee dated 1/9/26 revealed:</p> <ul style="list-style-type: none"> - "Can you please have [Staff #2] and [Staff #3] give me a call? I have tried calling them 2 times and sent a text message as well." <p>Review on 1/9/26 of an email sent to DHSR surveyor from the Executive Director/Licensee dated 1/9/26 revealed:</p> <ul style="list-style-type: none"> - "Yes I will reach out to them." <p>Interview on 1/8/26 with the AP revealed:</p> <ul style="list-style-type: none"> - Two staff worked each shift; - "We (staff) have been working a lot," to make sure two staff worked each shift; - "Two staff no longer work here;" - "I have worked the last 6 days, today was my day off, I will be off on tomorrow;" - Worked with Staff #1 on 1/4/26, when Client #1 cut her wrist with the glass; - On 1/6/26, "[Executive Director/Licensee] was here with me, when I caught [Client #1] with the broke glass, she was trying to hide." 	V 296		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 296	<p>Continued From page 19</p> <p>Interview on 1/8/26 and 1/14/26 with the Executive Director/Licensee revealed:</p> <ul style="list-style-type: none"> - Two staff worked each shift; - Staff did not clock in and out of shift; - The schedule in [payroll system] could be changed at any time because staff had access to change their schedule when they switched with another staff; - There was no system in place to show accuracy when an employee worked; - Staff #1 and the AP were on shift on 1/4/26, when Client #1 cut her wrist. - On 1/6/26, "I can't remember what staff was working, I got a call from [AP] when Client #1 had the broken glass;" - Staff #2 started "a month or so ago" as needed (PRN); - Staff #3 started "a month or so ago;" - Staff 2 and Staff #3 mainly worked 3rd shift, "but they picked up more shifts, since I had to let two people go;" - Had left the facility approximately 10 minutes before the DHSR surveyor arrived on 1/10/26 to go get breakfast. <p>This deficiency is cross referenced into 10A NCAC 27G .1701 Scope V(293) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 296		
V 297	<p>27G .1705 Residential Tx. Child/Adol - Req. for LP</p> <p>10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS</p> <p>(a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of</p>	V 297		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	---	---

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

(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 297	<p>Continued From page 20</p> <p>this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor.</p> <p>(b) The consultation specified in Paragraph (a) of this Rule shall include:</p> <p>(1) clinical supervision of the qualified professional specified in Rule .1702 of this Section;</p> <p>(2) individual, group or family therapy services; or</p> <p>(3) involvement in child or adolescent specific treatment plans or overall program issues.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure face to face clinical consultation was provided in the facility at least 4 hours a week by a Licensed Professional (LP). The findings are:</p> <p>Review on 1/9/26 and 1/15/26 of Client #1's record revealed: - Admission date 2/27/25; - Age 16 years old; - Diagnoses Disruptive Mood Dysregulation Disorder, Post traumatic Stress Disorder, Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder.</p> <p>Interview on 1/10/26 with Client #1 revealed: - "I get therapy once a week, I think;" - "She (LP) comes here (facility)."</p>	V 297		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	--	---

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

(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 297	<p>Continued From page 21</p> <p>Interview on 1/10/26 with the Qualified Professional revealed: - "Therapy is every week;" - LP came to the facility every other week and provided virtual individual therapy the opposite week she didn't come to the facility.</p> <p>Attempted interview with the LP on 1/14/26 was unsuccessful due to no return call.</p> <p>Interview on 1/14/26 with the Executive Director/Licensee revealed: - "She (LP) alternates weeks (face to face and virtual) for therapy;" - LP alternated weeks for providing face to face and virtual individual therapy; - Due to only one client in the facility, when the LP comes to the facility "she stays about 1.5 hours."</p>	V 297		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>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</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	--	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	<p>Continued From page 22</p> <p>information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	---	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

V 367	<p>Continued From page 23</p> <p>immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II incidents in the Incident Response Improvement System (IRIS) and failed to notify the Local Management Entity (LME)/ Managed Care Organization (MCO) responsible for the catchment area where services are provided within 24 hours and 72 hours of becoming aware of the incident. The</p>	V 367		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-420	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/23/2026
--	---	--	---

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	<p>Continued From page 24</p> <p>findings are:</p> <p>Review on 1/9/26 and 1/12/26 of the facility's incident reports from 12/1/25-1/8/26 revealed:</p> <ul style="list-style-type: none"> - On 1/4/26, Client #1 self-harmed by breaking a glass jar and used the broken glass to cut her wrist, the local police and EMS (Emergency Medical Services) were called and Client #1 was transported to the local hospital. <p>Review on 1/9/26 of IRIS revealed:</p> <ul style="list-style-type: none"> - There was no IRIS reports submitted for the above incident. <p>Interview on 1/10/26 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Was responsible for completing IRIS reports; - Returned back to work on 1/9/26; after being off for a week. <p>Interview on 1/14/26 with the Executive Director/Licensee revealed:</p> <ul style="list-style-type: none"> - QP was responsible for IRIS reports; - "She (QP) get a number after putting in the IRIS report; - Was not aware the incident on 1/4/26 was not in IRIS. 	V 367		

