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| V 000 | INITIAL COMMENTS<br><br>A complaint and follow up survey was completed on June 15, 2026. The complaints were substantiated (intakes #NC00237092, #NC00237093 and #NC00237321). Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.<br><br>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients and 1 former client.<br><br>Tag V114 Emergency Plans and Supplies was not reviewed during this survey as there was not a full quarter of fire or disaster drills to review. | V 000 | | |
| V 132 | G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection<br><br>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY<br>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:<br>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.<br>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 | V 132 | | |

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| V 132 | Continued From page 1 | V 132 | | |

are being provided.
c. Misappropriation of the property of a healthcare facility.
d. Diversion of drugs belonging to a health care facility or to a patient or client.
e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).
Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to report an allegation of abuse, neglect or exploitation to the Health Care Personnel Registry (HCPR) and failed to protect clients during the investigation. The findings are:

Review on 6/5/26 of Former Client (FC) #7's record revealed:
-17 year old.
-Admitted 4/8/26.
-Diagnoses of Conduct Disorder, Post-Traumatic Stress Disorder Unspecified, Attention Deficit Hyperactivity Disorder and Reaction to severe stress.
-Discharge date 4/9/26.

Review on 6/5/26 of a report to the HCPR dated 4/10/26 revealed:
-"Allegation Description Incident Date 05-09-26 (4/9/26) Time: 2:00 pm Client (FC #7) alleges that he was assaulted by staff."
-No documentation staff #9 had a gun at the facility or used the gun to threaten by aiming and

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| V 132 | Continued From page 2<br>pointing the gun at FC #7.<br><br>Review on 6/5/26 of the facility's internal investigation undated revealed:<br>-"Date of Incident-04-09-2026 On 04-09-2026, [FC #7] went to the [local] fire department and informed them that he had been assaulted by Life Opportunities (Licensee) staff. They called the [local] County Sheriff Department and they came to the facility to investigate. I have unsubstantiated this claim as the only time anyone placed their hands on [FC #7] was to do a limited control walk with him, but because he was fighting against it they both did fall. [FC #7] left the facility and returned about ten minutes later with his shirt off, staff didn't see any bruising on his chest or arms as he was attempting to attack staff (#9). [FC #7] left the facility a second time and he did not return. If he had substantial bruising, he did not receive them (bruises) at the grouphome..."<br><br>Interview on 6/5/26 the Licensee/Program Director stated:<br>-She unsubstantiated the allegation of abuse against staff #9.<br>-She completed an internal investigation "but it was not a lot to say."<br><br>Refer to V512 for evidence staff #9 abused FC #7 and staff #5, Residential Manager and the Licensee/Program Director failed to protect all the clients from abuse. | V 132 | | |
| V 133 | G.S. 122C-80 Criminal History Record Check<br><br>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. | V 133 | | |

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| V 133 | Continued From page 3<br>(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.<br>(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 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 | V 133 | | |

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| V 133 | Continued From page 4<br>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.<br>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:<br>(1) The level and seriousness of the crime.<br>(2) The date of the crime.<br>(3) The age of the person at the time of the conviction.<br>(4) The circumstances surrounding the | V 133 | | |

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| V 133 | Continued From page 5 | V 133 | | |

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 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

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| V 133 | Continued From page 6<br>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 impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.<br>(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 | V 133 | | |

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| V 133 | Continued From page 7<br>shall be guilty of a Class A1 misdemeanor.<br>(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:<br>(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.<br>(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.)<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews the facility failed to request within 5 business days national criminal history record checks to include a check of the applicant's fingerprints for 1 of 4 audited staff (#9) who had been a resident of this State for less than five years prior to hire. The findings are:<br><br>Review on 6/5/26 of staff #9's personnel record revealed:<br>-Hire date: 11/10/25.<br>-Job: Counselor I<br>-No documentation of a nation criminal history check to include fingerprints.<br><br>Interview on 6/5/26 staff #9 stated: | V 133 | | |

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| V 133 | Continued From page 8<br>-He resided in an adjoined state.<br><br>Interview on 6/12/26 the Licensee/Program Director stated:<br>-She was not aware staff #9 resided in an adjoined state.<br>-She was not aware staff #9 needed to have a criminal history check to include fingerprints. | V 133 | | |
| V 295 | 27G .1703 Residential Tx. Child/Adol - Req. for A P<br><br>10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS<br>(a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1).<br>(b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following:<br>(1) management of the day to day day-to-day operations of the facility;<br>(2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and<br>(3) participation in service planning meetings.<br><br>This Rule is not met as evidenced by: | V 295 | | |

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| V 295 | Continued From page 9<br>Based on record review and interview the facility failed to have at least one full-time direct care staff who meets or exceeds the requirements of an Associate Professional (AP). The findings are:<br><br>Review on 6/4/26 of the Division of Health Service Regulation client/staff census completed on 6/4/26 by the Residential Manager revealed no AP listed.<br><br>Interview on 6/4/26 the Residential Manager stated:<br>-The facility did not have an AP.<br>-She worked at the facility since 3/15/24.<br>-She had not known the facility to have an AP since she was hired.<br><br>Interview on 6/5/26 the Licensee/Program Director stated:<br>-The facility did not have an AP.<br>-"It has been a minute" since the facility had an AP.<br>-She was unsure when the facility last had an AP.<br><br>This deficiencies constitutes a re-cited deficiency and must be corrected within 30 days. | V 295 | | |
| V 300 | 27G .1708 Residential Tx. Child/Adol - Trans or dischg<br><br>10A NCAC 27G .1708 TRANSFER OR DISCHARGE<br>(a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility.<br>(b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the | V 300 | | |

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| V 300 | Continued From page 10<br>legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule.<br>(c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility.<br>(d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized.<br>(e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure a service planning meeting was held within five business days of an emergency discharge affecting 1 of 1 audited former client (FC #7). The findings are:<br><br>Review on 6/5/26 of FC #7's record revealed:<br>-17 year old.<br>-Admitted 4/8/26. | V 300 | | |

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| V 300 | Continued From page 11<br>-Diagnoses of Conduct Disorder, Post-Traumatic Stress Disorder Unspecified, Attention Deficit Hyperactivity Disorder and Reaction to severe stress.<br>-Discharge date 4/9/26.<br>-No documentation of a service planning meeting held within five days of an emergency discharge.<br><br>Review on 6/12/26 of an undated and unsigned "Discharge Summary" revealed:<br>-"Date of Admission: 04-08-26<br>-Date of Discharge: 04-09-29(26)<br>-Reason for admission (presenting condition Treatment objectives over the last six (6) months: Consumer stepped down from PRTF (Psychiatric Residential Treatment Facility) (local facility) after about 14 months. Reason for discharge Consumer was very aggressive towards staff, with a weapon involved. Consumer displayed awol(absent without official leave) behavior and defiant behaviors..."<br>-No "Aftercare/Follow-up Plans" or "Additional comments/recommendations" documented.<br><br>Interview on 6/8/26 FC #7's legal guardian stated:<br>-FC #5 was discharged from the facility on 4/9/26.<br>-She had not participated in a service planning meeting after FC #7's emergency discharge.<br>-The Local Management Entity/Managed Care Organization (LME/MCO) requested she pick up FC #7's belongings and the facility was "putting him out immediately."<br>-The Assistant Program Director said "we just put him out and he cannot be here, I was in the dark until EMS (Emergency Medical Services) called me."<br>-She was not provided any recommendations for FC #7 after his emergency discharge.<br><br>Interviews on 6/5/26 and 6/12/26 the | V 300 | | |

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| V 300 | Continued From page 12<br><br>Licensee/Program Director stated:<br>-FC #7 was admitted to the facility "less than 24 hours."<br>-The LME/MCO called her Friday (4/10/26) morning and evening asking her to take FC #7 back.<br>-She was "not against" a discharge meeting but never heard back from the LME/MCO. | V 300 | | |
| V 512 | 27D .0304 Client Rights - Harm, Abuse, Neglect<br><br>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION<br>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.<br>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.<br>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.<br>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.<br>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. | V 512 | | |

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| V 512 | Continued From page 13<br>This Rule is not met as evidenced by:<br>Based on record reviews, observation and interviews 1 of 4 audited current staff (#9) abused 1 of 1 former clients (FC #7) and 3 of 4 audited staff (#5, Residential Manager and Co-Licensee/Program Director) failed to protect 3 of 3 current clients (#1, #2, #3) and 1 of 1 FC (FC #7) from abuse. The findings are:<br><br>Review on 6/5/26 of FC #7's record revealed:<br>-17 years old.<br>-Admitted 4/8/26.<br>-Diagnoses of Conduct Disorder, Post-Traumatic Stress Disorder (PTSD) Unspecified, Attention Deficit Hyperactivity Disorder (ADHD) and Reaction to severe stress.<br>-Discharge date 4/9/26.<br><br>Review on 6/5/26 of client #1's record revealed:<br>-14 years old.<br>-Admitted 5/7/25.<br>-Diagnoses of ADHD, Anxiety, PTSD<br><br>Review on 6/5/26 of client #2's record revealed:<br>-14 years old.<br>-Admitted 6/27/25.<br>-Diagnoses of ADHD and PTSD with Dissociative Symptoms.<br><br>Review on 6/5/26 of client #3's record revealed:<br>-11 years old.<br>-Admitted 2/18/26.<br>-Diagnoses of Disruptive Mood Dysregulation Disorder, ADHD, Unspecified Neurodevelopmental Disorder, PTSD.<br><br>Review on 6/5/26 of staff #9's personnel record revealed:<br>-Hire date: 11/10/25.<br>-Job: Counselor I | V 512 | | |

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| V 512 | Continued From page 14<br><br>Review on 6/5/26 of staff #5's personnel record revealed:<br>-Hire date: 10/16/25.<br>-Job: Counselor I.<br><br>Review on 6/5/26 of the Residential Manager's personnel record revealed:<br>-Hire date: 3/15/24.<br>-Job: House Manager.<br><br>Review on 6/5/26 of the facility's surveillance video dated 4/9/26 revealed:<br>-14:02 - 14:10 (2:02pm - 2:10pm) Staff #5, #9 and the Residential Manager was in the backyard of the facility with clients #1, #2, #3. Staff #5, #9 and the Residential Manager walked throughout the yard. Staff #5 and #9 walked back and forth to a vehicle.<br>-14:12 (2:12pm), FC #7 was not wearing a shirt and walked across the front yard of the facility holding a piece of metal approximately 1 - 2 feet in length from out of view of the camera from down the street. FC #7 briefly went to the side of the facility to look before he proceeded to bang on the locked front door of the facility. FC #7 walked towards the driveway of the facility when he was met by staff #5 and #9 who came from the side of the facility as FC #7 was near the end of the driveway.<br>-14:13 (2:13pm), FC #7 walked towards staff #5 and #9. When client was approximately 10 feet away from staff, staff #9 pulled a handgun out of his pants waistband and pointed the handgun at FC #7. The Residential Manager and clients #1, #2, and #3 were outside at the rear of the facility and observed staff #5 and #9 walk towards FC #7 as staff #9 pointed and aimed the handgun at FC #7. FC #7 dropped the piece of metal on the driveway and turned to walk away. Both staff #5 | V 512 | | |

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| V 512 | Continued From page 15<br>and #9 walked behind FC #7 while staff #9 continued to aim and point the handgun at FC #7. Staff #5 picked up the piece of metal. Staff #5 and #9 walked to the edge of the driveway while staff #9 continued to aim and point the handgun at FC #7 as he followed FC #7 off the property and out of view of the camera. Multiple cars were passing by on the local street as this facility is very close to a heavily trafficed road, approximately 30-40 feet from the facility. Both staff #5 and #9 turned around and walked back down the driveway to the facility. The video ended.<br><br>Interview on 6/8/26 FC #7 stated:<br>-"We were playing basketball (on 4/9/26), I was picking up trash I saw on the ground."<br>-Staff #9 said "I need to get rid of my fingerless gloves."<br>-"I told them (staff #5 and #9) no and before I could explain they started being verbally aggressive saying I was not about this life."<br>-"I sat on the bench (picnic table) to show I was not aggressive."<br>-"[Staff #9] went behind and put his arms around my neck picked me up and slammed me to the ground."<br>-Staff #9 had his forearm around his neck "like a headlock" and the other arm was pulling back.<br>-Staff #5 grabbed his other arm and "twisted it behind my back."<br>-"They (staff #5 and #9) drug me into the gravel and cut my face."<br>-Staff #5 removed his gloves while he was on the ground.<br>-He had abrasions on his wrist, arm, chin, forehead and cheek.<br>-He left the facility but returned to retrieve his belongings.<br>-He went to a nearby gas station (approximately | V 512 | | |

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| V 512 | Continued From page 16<br>one half mile away from the facility) and asked to use the phone.<br>-he returned to the facility with a piece of metal he found on the ground.<br>-"They (staff #5 and #9) continued to threaten me and a gun was pulled on me (by staff #9)."<br>-Staff #9 pulled the gun from his "waistband, cocked it back and pointed it" at him.<br>-He did not know the area and walked to find a police station when he found the fire station.<br><br>Interview on 6/5/26 staff #9 stated:<br>-He worked at the facility for 5 to 6 months.<br>-He arrived for his shift at 8am and was scheduled to work until 8pm on 4/9/26.<br>-About 2pm it was recreation time for the clients.<br>-FC #7 was near the basketball goal when staff #5 said he was going to "have issues" with FC #7 because he had some gloves he was not supposed to have.<br>-Shortly after staff #5 mentioned FC #7's gloves, FC #7 took his gloves out of his pocket and put them on.<br>-He informed staff #5 that he would talk to FC #7.<br>-He told FC #7 "I know you are not going to like this but you cannot have the gloves at the group home."<br>-FC #7 shook his head and responded "ain't nobody taking my gloves."<br>-He told FC #7 if the gloves were an issue then he would discuss it with the Residential Manager.<br>-He talked to staff #5 and the Residential Manager and told them "it was going to be an issue."<br>-FC #7 walked from the basketball court to the picnic table.<br>-Staff #5 and FC #7 "got into a cussing match."<br>-We (staff #5 and #9) told FC #7 we did not want to do a therapeutic hold and FC #7 started threatening and said nobody was going to touch | V 512 | | |

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| V 512 | Continued From page 17<br>him.<br>-He told staff #5 "we probably going to take him in the office."<br>-FC #7 was sitting on the edge of the picnic table.<br>-He walked up behind FC #7 and placed his hand on the back of FC #7's elbow and the other hand on FC #7's wrist.<br>-FC #7 stood up and staff #9 arm went across his (FC #7) chest and both he and FC #7 fell to the ground.<br>-He fell (staff #9) on top of FC #7 as FC #7 was face down on the ground.<br>-"I grabbed his arm (one) and put it behind his back."<br>-Staff #9 removed the gloves off FC #7's hands while he was on the ground.<br>-He (staff #9) "jumped up and backed up from" FC #7.<br>-FC #7 sat on the ground then got up and walked away from the facility.<br>-About 5 minutes later, the other clients (#1, #2, #3) were "hollering he (FC #7) is coming back with a knife."<br>-He walked to his unlocked truck and retrieved his handgun and placed it in his waistband.<br>-"I had my hand on the handle but the barrel was in the waist."<br>-"I told all the clients to get back."<br>-"I told him not to come closer and stay back." FC #7 "took one last step."<br>-"I produced my gun and walked him (FC #7) out of the yard."<br>-"I made him drop the weapon that he had"<br>- "We (staff #5 and #9) were telling him to leave."<br>-FC #7 walked towards the store in the direction of the fire department.<br>-"I think I handled it the best way I could in the most professional way I can."<br>-The Assistant Program Director and Co-Licensee/Program Director came to the | V 512 | | |

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| V 512 | Continued From page 18<br>facility.<br>-He told the Assistant Program Director and Co-Licensee/Program Director he pulled the gun. "I told them just like the video shows I was telling him (FC #7) to back up."<br>-No one had talked to him about having a handgun on the premises of the facility.<br>-He had not seen any injuries on FC #7 until the police showed him pictures of FC #7's face.<br>-"I guess when we fell he (FC #7) scraped his face." It looked "real red and bruised."<br>-He had finished his shift on 4/9/26.<br>-He was suspended for a couple of days and transferred to the sister facility.<br>-When asked if his actions were therapeutic staff #9 responded "It would have been if he (FC #7) had not acted out."<br><br>Interviews on 6/1/26, 6/9/26 and 6/11/26 the local investigating sheriff detective stated:<br>6/1/26<br>-He went to the hospital to see FC #7 on 4/9/26.<br>-FC #7 had some abrasions to his face.<br>-The facility staff "took him (FC #7) to the ground and caused abrasions to his face."<br>-The facility staff told FC #7 he could not wear gloves.<br>-The facility staff told FC #7 they were a "hands on facility."<br>-FC #7 left the facility and the facility staff did not report him missing or that he left.<br>-Staff #9 put the handgun in his waistband after FC #7 left the first time so when FC #7 returned staff #9 already had the handgun on him.<br>-Staff #9 pulled a handgun on FC #7 and FC #7 left the facility.<br>6/9/26<br>-FC #7 had a piece of metal that was folded in half.<br>-The piece of metal was about 12 or 13 inches in | V 512 | | |

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| V 512 | Continued From page 19<br>length.<br>6/11/26<br>-The deputy who arrived at the facility on 4/9/26 did not indicate on his written report whether the handgun was loaded or unloaded.<br>-"It appeared the gun was loaded and the magazine had about 15 rounds of ammunition."<br>-It was a "9 millimeter(mm) handgun."<br>-The area where the facility is located is a "high traffic walking area."<br>-The gas station where FC #7 went was "a heavy drug traffic store with a lot of shooting and fights."<br>-The local fire station where FC #7 walked was approximately 3.1 miles from the facility.<br>-The first call to dispatch was made at 4:04pm and was from the fire station.<br><br>Interview on 6/5/26 client #1 stated:<br>-Staff #5 and #9 tried to put FC #7's "hands behind his back" on 4/9/26.<br>-FC #7 left and returned with an adult male.<br>-FC #7 had "something metal that was sharp" and it "lead to another situation."<br>-Staff #9 told FC #7 to "back up, put things down and go away."<br>-Staff #9 "had his gun and pulled it out."<br>-Staff #9 said "if you buck again I'm going to I don't know."<br>-Staff #9 aimed the handgun at FC #7.<br>-FC #7 was "about 2 and half tables" (6 feet dining room tables) away from staff #9.<br>-FC #7 left the facility and did not return.<br><br>Interview on 6/5/26 client #2 stated:<br>-FC #7 eloped from the facility.<br>-He was unsure why FC #7 left the facility.<br>-FC #7 was admitted to the facility for 2 days.<br><br>Observation on 6/5/26 between 3:30pm - 4:30pm and Interview on 6/5/26 client #3 stated: | V 512 | | |

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| V 512 | Continued From page 20<br>-FC #7 "tried karate moves on [staff #9]."<br>-Staff #9 tried to put FC #7 in a physical restraint when he fell.<br>-FC #7 head was bleeding from rocks in the driveway.<br>-FC #7 went "down the street to get metal."<br>-He was at the picnic table with client #1 and #2 "we were freaking out when we saw the metal."<br>-Staff #5, #9 and the Residential Manager were outside.<br>-"I'm not allowed to tell" what happened.<br>-Staff #9 was "holding something to protect us"<br>-Client #3 showed his hand and used his fingers to point like a gun.<br>-Client responded "yes to protect us" when asked was it a gun.<br>-FC #7 was standing far away when staff #9 told him "not to move or step one more foot."<br>-Staff #9 aimed the handgun at FC #7.<br><br>Interview on 6/4/26 staff #5 stated:<br>-FC #7 "refused" to give staff his gloves.<br>-FC #7 had gloves the first day he was admitted to the facility.<br>-We (facility staff) told FC #7 "he could not have the gloves."<br>-On 4/9/26, FC #7 had the gloves and was picking up glass outside.<br>-Staff #9 "told" FC #7 to give them the gloves.<br>-FC #7 "started with aggressive behavior."<br>-He and staff #9 tried to talk FC #7 and get him to calm down.<br>-"We (staff #5 and #9) tried to do a therapeutic walk but he left off the premises and came back with a tie down for the trailer."<br>-Staff #9 "grabbed him (FC #7) from behind."<br>-Staff #9 and FC #7 fell to the ground and scraped their elbows.<br>-FC #7 had "little scuffs on his elbows it was bleeding." | V 512 | | |

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| V 512 | Continued From page 21<br>-"We (staff #5 and #9) did not let him come back on the premises and we told him to leave and he left."<br>-FC #7 was told to leave because "he came back with a tie down strap like he was going to cut one of us with it."<br>-Denied staff #9 had a handgun or pulled the handgun on FC #7.<br>-"Just the weapon the client (FC #7) had."<br>-All the clients were outside for recreation.<br>-Client #1, #2 and #3 witnessed the incident with FC #7.<br>-We (facility staff) called the police after the 2nd time FC #7 left.<br>-After the police left, he and staff #9 finished the shift.<br><br>Interview on 6/4/26 the Residential Manager stated:<br>-On 4/9/26, she was outside in the backyard with clients #1, #2, #3 and FC #7.<br>-Staff #5 and #9 were also outside with the clients.<br>-She observed staff #9 walk over to FC #7 but she could not hear what he said.<br>-FC #7 had "cloth winter gloves" with the "fingers cut out" that he wore at all times.<br>-FC #7 walked away from staff #9 and went sat at the picnic table.<br>-She walked over to FC #7 and told him to follow "staff directives."<br>-FC #7 "kinda got snappy" and said "no one is touching any of his stuff."<br>-Staff #9 tried to get FC #7 up while he was sitting down and do a therapeutic walk to the facility.<br>-Staff #9 "grabbed" his hand to get him up to do the therapeutic walk.<br>-FC #7 "turned like he was about to hit him (staff #9), swinging his body" and both staff #9 and FC #7 fell to the ground. | V 512 | | |

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| V 512 | Continued From page 22<br>-Staff #5 stepped in and removed the gloves off FC #7's hands and staff #9 got up off the ground.<br>-At approximately 2:10pm, FC #7 sat on the ground "maybe 5 to 10 seconds" before he got up and walked away towards the heavily trafficed road going in the direction of the local convenient store.<br>-She called the Assistant Program Director which instructed her to call the Co-Licensee/President and the Qualified Professional #1.<br>-The Co-Licensee/President told her to contact FC #7's legal guardian/mother and inform her that FC #7 left the facility.<br>-While she was on the call with FC #7's legal guardian/mother, FC #7 returned to the facility with a "guy on a bike."<br>-She observed FC #7 not wearing a shirt, something tied around his head and a "metal pipe" in his right hand.<br>-FC #7's legal guardian/mother told her to call law enforcement because "he had psychotic episodes where he blacks out and does not know what he is doing."<br>-She walked over to clients #1, #2 and #3 near the picnic table.<br>-FC #7 was near the street sign.<br>-Staff #5 and #9 walked towards FC #7 and when she turned around staff #9 had a "gun in his right hand holding it by his side."<br>-Once she noticed staff #9 had the handgun she "shielded" the client #1, #2 and #3.<br>-Staff #9 said "don't come closer don't take another step."<br>-FC #7 was yelling but she was unsure what he was saying.<br>-FC #7 left the facility again.<br>-She had not observed any marks or bruises on FC #7.<br>-She remained on the phone with FC #7's legal guardian/mother during the incident. | V 512 | | |

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| V 512 | Continued From page 23<br>-Approximately one hour later around 4pm, FC #7's legal guardian/mother called and said Emergency Medical Services (EMS) and law enforcement made contact with FC #7 and he had an injury to his forehead and shoulders.<br>-She called the Co-Licensee/President to inform him of what FC #7's guardian said.<br>-She had not called law enforcement because FC #7 "had already made contact with them (law enforcement)."<br>-When asked if staff #9's actions were therapeutic, the Residential Manager responded no "but I understand he (FC #7) had the pipe. I understand if he could have got closer he could do damage."<br>-Staff had not attempted to deescalate the situation after staff #9 retrieved his gun.<br>-She did not hear staff #5 "say too much."<br>-Staff #9 worked the rest of his shift on 4/9/26.<br><br>Interviews on 6/5/26 the Co-Licensee/Program Director stated:<br>6/5/26<br>-FC #7 was admitted on 4/8/26 was admitted to the facility for less than 24 hours.<br>-She received a call from the Assistant Program Director who informed her FC #7 had eloped and a handgun was involved "I proceeded to the house (facility)."<br>-She was informed FC #7 left the facility and staff (#9) attempted to do a "control walk" to keep FC #7 from leaving the facility.<br>-Staff #9 and FC #7 both fell to the ground and staff #9 "let go" and FC #7 left the facility.<br>-She was informed FC #7 returned to the facility with a "weapon and unknown person."<br>-FC #7 banged on the front door and tried to open it before going to the side where the staff and clients were in the backyard playing.<br>-FC #7 "went directly after [staff #9]." | V 512 | | |

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| V 512 | Continued From page 24<br>-Staff #9 was seen on camera with his arm stretched out saying stop.<br>-FC #7 did not stop and had "the metal thing in the air swinging."<br>-Staff #9 "had nothing he could grab, no chair, limbs or sticks."<br>-Staff #9 went to his truck to get his handgun and put it in his waistband.<br>-Staff #9 "pulled it (handgun) out and had it down to his side."<br>-Staff #9 had not pointed the handgun at FC #7.<br>-She "thought" the Residential Manager called law enforcement.<br>-The police was at the facility when she arrived.<br>-FC #7 walked "maybe 2 miles" to the local fire department and reported he had been "assaulted."<br>-She had not reviewed the facility's security surveillance.<br>-She completed an internal investigation "but it was not a lot to say."<br>-She unsubstantiated the internal investigation "because NCI (Non-Violent Crisis Intervention) teach we have the right to protect ourselves but if that is all you have, whatever you have handy."<br>-She discussed with the Co-Licensee/President "if they (staff) would have done something different."<br>-"We gave [staff #9] some days off then we moved him to a different house (sister facility) because I did not want the clients to relive that."<br>-She was not aware staff told FC #7 to leave the facility at gun point.<br>-She was told when FC #7 saw staff #9's handgun he left the facility and threw the metal somewhere on the side of the road.<br><br>Review on 6/12/26 of a Plan of Protection completed by the Qualified Professional #2 dated 6/12/26 revealed:<br>-"What immediate action will the facility take to | V 512 | | |

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| V 512 | Continued From page 25 | V 512 | | |

ensure the safety of the consumers in your care? Life Opportunities, Inc (Licensee) will conduct the following trainings for [Co-Licensee/Program Director] (Director of Life Opportunities) and [Residential Manager] (Group Home Manager, Hope House (facility)):
NCI (Non-Violent Crisis Intervention) Refresher
Client's Rights
Abuse, Neglect, Exploitation
De escalation/Crisis Response Training
Work Place Violence Prevention
Review Ethics/Weapons Policy
Review of MH (Mental Health) System of Care

-Describe your plans to make sure the above happens. The Training will be interactive and evidenced Based secured through testing with a proficiency score of 80% required. NCI Refresher will be done by [Co-Licensee/President] All other trainings will be done by [QP #2] of trainings 1 hr (hour). Expected Completion Date of Staff Training July 12 *Staff [Staff #5] Terminated 09 June 2026 *Staff [Staff #9] Terminated 10 June 2026."

This facility served children ages 11 - 17 years old with diagnoses of Conduct Disorder, Post-Traumatic Stress Disorder Unspecified, Attention Deficit Hyperactivity Disorder. FC #7 was admitted to the facility on 4/8/26. On 4/9/26 FC #7 was informed it was against the facility's policy for him wear a pair of cloth fingerless gloves. FC #7 refused to remove his cloth fingerless gloves and proceeded to sit at a picnic table in the backyard of the facility. Staff #9 abused FC #7 when he to forced FC #7 up by his arm while he sat at the picnic table. Staff #9's arm was crossed over FC #7's chest and FC #7 fell to the ground and staff #9 fell on top of FC #7. FC #7 suffered multiple abrasions to his face. Staff

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| V 512 | Continued From page 26<br>#5 and Staff #9 twisted FC #7's arms behind his back and forcefully removed the cloth fingerless gloves while FC #7 was on the ground. FC #7 walked away from the facility and sought help from strangers nearby in a high crime area as reported by law enforcement. FC #7 returned to the facility with an approximately 12 - 13 inch piece of metal. Staff #9 went to his unlocked truck and retrieved his loaded handgun. Staff #5 and Staff #9 left the backyard and approached FC #7 at the driveway in the front yard of the facility. Staff #9 told FC #7 not to come closer and aimed the handgun at FC #7 and forced FC #7 to exit the facility's property as staff #5 walked with staff #9 and followed FC #7 while he aimed and pointed the handgun at FC #7 as cars passed by on the street. FC #7 dropped the piece of metal and left the facility's property. FC #7 walked approximately 3 miles to the local fire station to seek help. Local Fire Department staff notified 911. Staff #5 and the Residential manager neglected to protect client #1, #2, #3 from abuse and failed to intervene as Staff #9 abused FC #7 and clients #1, #2, #3 observed the physcial abuse of forcing FC #7 up by his arms while he was in a seated position and twisting his arms behind his back and removing his gloves while on the ground causing injury to his face and pointing of the gun at FC #7. Staff #5, #9 nor the residential manager called law enforcement during the abuse or when FC #7 left the facility and was in a high crime area unsupervised. The Co-Licensee/Program Director did not protect clients #1, #2 and #3 when she allowed staff #9 to complete his shift and continue to work at the facility on 4/9/26 after staff #9 had retrieved his loaded handgun and pointed it at FC # 7 and forced him at gun point to leave the group home. This deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected | V 512 | | |

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| V 512 | Continued From page 27<br>within 23 days. | V 512 | | |
| V 536 | 27E .0107 Client Rights - Training on Alt to Rest. Int.<br><br>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS<br>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.<br>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.<br>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.<br>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.<br>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).<br>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.<br>(g) Staff shall demonstrate competence in the following core areas: | V 536 | | |

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| V 536 | Continued From page 28<br>(1) knowledge and understanding of the people being served;<br>(2) recognizing and interpreting human behavior;<br>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;<br>(4) strategies for building positive relationships with persons with disabilities;<br>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;<br>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;<br>(7) skills in assessing individual risk for escalating behavior;<br>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and<br>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).<br>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.<br>(1) Documentation shall include:<br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where they attended; and<br>(C) instructor's name;<br>(2) The Division of MH/DD/SAS may review/request this documentation at any time.<br>(i) Instructor Qualifications and Training Requirements:<br>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the | V 536 | | |

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| V 536 | Continued From page 29 | V 536 | | |

need for restrictive interventions.
(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.
(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.
(5) Acceptable instructor training programs shall include but are not limited to presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the course;
(C) methods for evaluating trainee performance; and
(D) documentation procedures.
(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.
(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.
(8) Trainers shall complete a refresher instructor training at least every two years.
(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);

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| V 536 | Continued From page 30<br>(B) when and where attended; and<br>(C) instructor's name.<br>(2) The Division of MH/DD/SAS may request and review this documentation any time.<br>(k) Qualifications of Coaches:<br>(1) Coaches shall meet all preparation requirements as a trainer.<br>(2) Coaches shall teach at least three times the course which is being coached.<br>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.<br>(l) Documentation shall be the same preparation as for trainers.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, 3 of 4 audited staff failed to demonstrate competencies in alternatives to restrictive interventions. The findings are:<br><br>Review on 6/5/26 of staff #5's personnel record revealed:<br>-Hire date: 10/16/25.<br>-Job: Counselor I.<br>-Initial Non-Violent Crisis Intervention (NCI) training in alternatives to restrictive interventions dated 11/7/25.<br><br>Review on 6/5/26 of staff #9's personnel record revealed:<br>-Hire date: 11/10/25. | V 536 | | |

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| V 536 | Continued From page 31<br>-Job: Counselor I.<br>-Initial NCI training in alternatives to restrictive interventions dated 11/7/25.<br><br>Review on 6/5/26 of the Residential Manager's personnel record revealed:<br>-Hire date: 3/15/24.<br>-Job: House Manager.<br>-Annual NCI training in alternatives to restrictive intervention dated 1/15/26.<br><br>Review on 6/5/26 of a facility's incident report revealed dated 4/10/26 revealed:<br>-"Consumer [Former Client (FC) #7] refused staff directive ([staff #9]) to remove his gloves and put them up. [FC #7] talked back and put up a challenge which resulted in [staff #9] trying to do a therapeutic walk, while trying to do that [FC #7] tried to stand up which resulted in him and [staff #9] going to the ground. Once on the ground [staff #5] stepped in and help removed the gloves and then both staff backed away from [FC #7]. [FC #7] then got up and left the premises."<br><br>Interview on 6/4/26 staff #5 stated:<br>-FC #7 refused to give staff his gloves.<br>-FC #7 "started with aggressive behaviors."<br>-He and staff #5 tried to get FC #7 to calm down.<br>-He and staff #5 tried to do a "therapeutic walk" with FC #7 but he left the premises.<br>-Denies any weapons were used during the incident.<br>-He and staff #9 told FC #7 to leave the facility when FC #7 returned to the facility with a piece of metal.<br><br>Interview on 6/5/26 staff #9 stated:<br>-He told FC #7 "I know you are not going to like this but you cannot have the gloves at the group home." | V 536 | | |

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| V 536 | Continued From page 32<br>-FC #7 shook his head and responded "ain't nobody taking my gloves."<br>-He told FC #7 if the gloves were an issue then he would discuss it with the residential manager.<br>-He talked to staff #5 and the residential manager and told them "it was going to be an issue."<br>-FC #7 walked from the basketball court to the picnic table.<br>-Staff #5 and FC #7 "got into a cussing match."<br>-We told FC #7 we did not want to do a therapeutic hold and FC #7 started threatening and said nobody was going to touch him.<br>-He told staff #5 "we probably going to take him in the office."<br>-FC #7 was sitting on the edge of the picnic table.<br>-He walked up behind FC #7 and placed his hand on the back of FC #7's elbow and the other hand on FC #7's wrist.<br>-FC #7 stood up and his (staff #9) arm went across his chest and both he and FC #7 fell to the ground.<br>-"I feel like I handled it the best way."<br>-"It would have been (therapeutic) if he (FC #7) had not acted out."<br><br>Interview on 6/4/26 the Residential Manager stated:<br>-On 4/9/26, she was outside with all the clients (#1, #2, #3 and FC #7) alongside of staff #5 and #9.<br>-She observed staff #9 walk over to FC #7 but she did not hear what was said.<br>-Staff #9 told her he asked FC #7 to remove his gloves that day and the prior day.<br>-She told staff #9 to "say it in a different way."<br>-FC #7 walked away from staff #9 and sat at the picnic table.<br>-She told FC #7 to follow "staff directives."<br>-FC #7 "got snappy" with her and said "no one is touching any of his stuff." | V 536 | | |

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| V 536 | Continued From page 33<br>-Staff #9 did not attempt to deescalate with the use of a gun.<br>-She did not hear staff #5 "say too much."<br><br>Interview on 6/5/26 the Licensee/Program Director stated:<br>-Staff attempted to deescalate FC #7 but "there has to be a reason it took almost 2 months for us to get the client."<br>-There is no policy or procedure on client's wearing items like gloves.<br>-It was "more about him (FC #7) following directions from staff."<br>-The day prior FC #7 "did not have a problem giving staff the gloves."<br>-Staff went through "the same process" as the day prior. | V 536 | | |
| V 736 | 27G .0303(c) Facility and Grounds Maintenance<br><br>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS<br>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.<br><br>This Rule is not met as evidenced by:<br>Based on record review, observation and interview the facility was not maintained in a safe, clean and attractive manner. The findings are:<br><br>Observation on 6/4/26 between 2:00pm - 2:30pm a tour of the facility revealed:<br>-Client #3's bedroom had a baseball size hole in the wall behind his bedroom door.<br>-Client #'s bed rails were not together and partially not under his mattress which caused his mattress to lean towards the floor. | V 736 | | |

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| V 736 | Continued From page 34<br>-Client #4's bedroom had square shaped white paint plaster approximately 2 feet to the left of his bedroom window.<br>-Client #4's bedroom dresser had broken wood about 1-2 feet on the side. The light fixture cover was missing.<br>-Client #1's bedroom dresser was missing the 2nd dresser drawer.<br><br>Interview on 6/5/26 the Licensee/Program Director stated:<br>-The facility needed constant maintenance due damages caused by the population it served.<br>-The facility was not owned by the Licensee/Program Director and she had requested the owner make improvements.<br><br>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 736 | | |