STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-034	A. BUILDING: _____ B. WING _____	10/18/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCULLEN HOME	1001 HENDERSON DRIVE JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was completed on October 18, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F, Supervised Living/Alternative Family Living.	V 000		
V 138	27G .0404 (A-E) Operations During Licensed Period 10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD (a) An initial license shall be valid for a period not to exceed 15 months from the date on which the license is issued. Each license shall be renewed annually thereafter and shall expire at the end of the calendar year. (b) For all facilities providing periodic and day/night services, the license shall be posted in a prominent location accessible to public view within the licensed premises. (c) For 24-hour facilities, the license shall be available for review upon request. (d) For residential facilities, the DHSR complaint hotline number shall be posted in a public place in each facility. (e) A facility shall accept no more clients than the number for which it is licensed. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure that it would serve no more clients than the number for which it is licensed. The findings are:	V 138		

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V 138	Continued From page 1 Review on 10/17/18 of the facility's license issued by the Division of Health Service Regulation was valid through 12/31/2018 revealed: - Capacity 3. Review on 10/17/18 of the Client Census form completed by staff #1 revealed: - Four current clients resided at the facility. - Client #3 identified as temporary placement. - Client #4 identified as respite placement. Interview on 10/17/18 with staff #1 revealed: - Client #3 resided at facility on temporary status while home was being repaired from Hurricane Florence. - Client #4 resided at facility on respite status while family member received medical treatment. Interview on 10/17/18 with Operations Manager (OM) revealed: - Client #3 had been placed at facility following severe damage to client's home. - Client #4 had been placed at facility week of 10/14/18 on respite status until he could return home (10/18/18) - Agency contacted LME to determine proper protocol for documentation completion. - LME completed address change for Client #3 and OM was instructed that no additional documentation was required. Interview on 10/18/18 with Director of Operations revealed: - Agency contacted LME to determine proper protocol for documentation completion. - LME stated no additional documentation was required. - Beds provided due to temporary, emergency circumstances. - Agency will complete any additional	V 138		

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V 138	Continued From page 2 documentation required to prevent future occurrences	V 138		