Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-726	A. BUILDING: ______ B. WING ______	03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOVELLA'S PLACE, INC	**2128 OLD MILBURNIE ROAD RALEIGH, NC 27604**

(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 for 2019 and follow-up survey for the survey dated 3/9/17 (JJH311) was attempted on 3/25/19 and 3/28/19. Observation on 3/25/19 at 9:30am revealed no one present at the facility. Observation on 3/29/19 at 8:30am revealed the facility was clean and orderly with three bedrooms set up with new furnishings; an empty living room and kitchen and a bathroom ready for use. The was painting equipment and some smaller tools and paraphernalia used to renovate in the kitchen area. During a phone interview on 3/25/19, the President reported: - they had 1 client but he was not currently at the facility - he asked if he could arrange the survey later in the week; a survey was scheduled for Thursday 3/28/19 at 8:30am During an in-person interview on 3/28/19, the President reported: - there were no clients currently admitted at the facility - the client he was referring to on 3/25/19 had been at the facility for a few weeks in October, 2018 but had returned to his mother' home - he was currently renovating the home while no clients were present - he planned on admitting clients once the renovations were complete and would contact the Division of Health Service Regulation once he had clients. This facility is licensed for the following service	V 000		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Division of Health Service Regulation

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V 000	Continued From page 1 category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		