STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL029-146	A. BUILDING: _____ B. WING _____	08/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVEREST	1 LINDSEY CIRCLE THOMASVILLE, NC 27360

(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 was attempted on 8/17/21. According to the Director of Operations there are no clients being served at the facility. The last time clients were served at the facility was 7/2/21. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults whose Primary Diagnosis is a Developmental Disability Interview on 8/17/21 with the Director of Operations revealed: - The group home was currently not serving clients due to lack of staffing. - The last two clients were discharged on 7/2/21. - The agency hoped to hire additional staff in September 2021. Review on 8/17/21 of former client (FC) #1's discharge summary revealed: Date of admission: 11/30/20 Date of discharge: 7/6/21 Diagnoses: Severe Intellectual Disability; Unspecified Psychosis; Unspecified Urinary Incontinence; Autistic Disorder; Localized Edema; and Conduct Disorder Notification of discharge: "[FC #1's Legal Guardian (LG)] was contacted on 7/2/21 by phone and notified that due to staffing shortages, there was an immediate need to close the Everest home. FC #1 was offered temporary placement in [sister facility] until the staffing shortage was alleviated. [FC #1's LG] agreed to this move." Review on 8/17/21 of FC #2's discharge summary revealed: Date of admission: 12/21/20 Date of discharge: 7/6/21	V 000		

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V 000	Continued From page 1 Diagnoses: Severe Intellectual Disability; Autistic Disorder; and Unspecified Convulsions Notification of discharge: "[FC #2's LG] was contacted on 7/2/21 by phone and notified that due to staffing shortages there was an immediate need to close the Everest home. [FC #2] was offered placement in [sister facility]. [FC #2's LG] agreed to this move."	V 000		