PRINTED: 03/07/2022 FORM APPROVED

Division of Health Service Regulation

MHL011-372 B. WING		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED			
NAME OF PROVIDER OR SUPPLIER NEW YORK HOMES RESIDENTIAL CARE CENTER #2 (A4) ID PREERIX TAG (A5) ID PREERIX TAG INITIAL COMMENTS An annual and complaint survey was completed on 2/18/22. The complaint was unsubstantiated lintake #NC00180922). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 276. 5600F Supervised Living for Alternative Family Living. The survey sample consisted of audits of 2 current clients and 1 former client. V 289 10A NCAC 276. 5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation or rehabilitation or rehabilitation or or adult clients, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility service didnity, sample conservations. (c) Each supervised living facility shall be licensed or serve adults whose primary diagnosis is mental license adults whose primary diagnosis is mental license adults whose primary diagnosis is mental services or sepacific population as designated bellow: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental services and the services and the whose primary diagnosis is mental services and the services and the whose primary diagnosis is mental services and the services and the services and the services a									
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illness but may also have other diagnoses; (2) "B" designation means a facility which		(a) Supervised living provides residential so home environment what these services is the crehabilitation of individual illness, a development or a substance abuse supervision when in the (b) A supervised living the facility serves eith (1) one or more (2) two or more Minor and adult client same facility. (c) Each supervised I licensed to serve a special designated below: (1) "A" designated serves adults whose pillness but may also here.	is a 24-hour facility which ervices to individuals in a nere the primary purpose care, habilitation or duals who have a mental tal disability or disabilities disorder, and who require residence. g facility shall be licensed er: eminor clients; or adult clients. s shall not reside in the living facility shall be pecific population as tion means a facility which or means a facility which are districted in the large of the diagnoses; tion means a facility which	of s, re d if					
serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which		developmental disabil diagnoses;	ity but may also have oth						

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL011-372		B. WING		02	2/18/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•	
NEW YOR	RK HOMES RESIDENTIAI	CARE CENTER #2	82 INGLE F	ROAD			
	THE RESIDENTIAL	- OARE GERTER #2	ASHEVILLI	E, NC 28804			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
	developmental disabilities who family provides the servel manual disabilities who family provides the servel manual disabilities who family provides the servel manual disabilities who family provides the servel diagnoses; or (6) "F" designal private residence, where adult clients who mental illness but manual disabilities, or three adult clients who family provides the servel manual disabilities who family provides the servel manual disabilities who family provides the servel substance abuse of the disabilities who family provides the servel substance abuse of the disabilities who family provides the servel substance abuse of the disabilities who family provides the servel substance abuse of the disabilities who family provides the servel substance abuse of the disabilities who family provides the servel substance abuse deposits and the disabilities who family provides the servel substance abuse deposits and the disabilities who family provides the servel substance abuse deposits and the disabilities who family provides the servel substance abuse deposits and the disabilities who family provides the servel substance abuse deposits and the disabilities who family provides the servel substance abuse of the disabilities and the disabilities who family provides the servel substance abuse of the disabilities and the disabilities abuse of the disabilities and the disabilities an	tion means a facility where the primary diagnosis is bendency but may also tion means a facility in the serves no more that ose primary diagnoses y also have other idult clients or three minited may be the primary of the primary diagnoses of the	hich have have a in is hor he				
	.0201 (a)(1),(2),(3),(4 (A),(B),(E),(F),(G),(H) (18) and (b); 10A NC. (i); 10A NCAC 27G .0 (a),(b); 10A NCAC 27 27G .0208 (b),(e); 10 non-prescription med (1)(A),(D),(E);(f);(g); a (b)(2),(d)(4). This fac alternative family livin (AFL).),(5)(A)&(B); (6); (7)); (8); (11); (13); (15); (1 AC 27G .0202(a),(d),(g))203; 10A NCAC 27G .0203; 10A NI A NCAC 27G .0209[(c) ications only] (d)(2),(4) and 10A NCAC 27G .03 cility shall also be known ng or assisted family livi	16);)(1) 0205 CAC (1) - ; (e) 304 n as				

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STATE FORM R42111 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL011-372	B. WING		02/18/2022	
<u> </u>			DRESS, CITY, STA	TE, ZIP CODE		
		SARE CENTER #0 82 INGLE	ROAD			
NEW TOR	K HOMES RESIDENTIAL	ASHEVIL	LE, NC 28804			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 289	Continued From page	e 2	V 289			
		in the same facility affecting (Client #3). The findings				
	Review on 2/17/22 of Client #1's record revealed: -Admitted on 6/27/21Age 10.					
	Disorder (d/o), Interm	on Deficit Hyperactivity hittent Explosive d/o, Autism, d/o, Constipation, and f Awareness.				
	Review on 2/17/22 of -Admitted on 10/1/21 -Age 15	Client #2's record revealed:				
	-Diagnoses of Moder Developmental Disab Explosive d/o, and Au	ility (IDD), Intermittent				
	-Admitted on 10/29/1 -Age 18. -Diagnoses of Down	Syndrome, Autism, and				
	Attention Deficit Hype	eractivity d/o.				
	-Client #3 was a mind requested in March 2	or when the last wavier was				
		#1 and Client #2) to reside in n adult client (Client #3).				
	when Client #3 turned -She "thought since v	vealed: he needed a new waiver				

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