

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-372	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/18/2022
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NAME OF PROVIDER OR SUPPLIER NEW YORK HOMES RESIDENTIAL CARE CENTER #2	STREET ADDRESS, CITY, STATE, ZIP CODE 82 INGLE ROAD ASHEVILLE, NC 28804
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 2/18/22. The complaint was unsubstantiated Intake #NC00180922). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(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 of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which</p>	V 289	<p>RECEIVED</p> <p>MAR 21 2022</p> <p>DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation

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

Crystal Haru Bswlop

TITLE

(X6) DATE

3/17/22

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V 289	<p>Continued From page 1</p> <p>serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that adult and minor</p>	V 289		

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V 289	<p>Continued From page 2</p> <p>clients did not reside in the same facility affecting 1 of 3 current clients (Client #3). The findings are:</p> <p>Review on 2/17/22 of Client #1's record revealed: -Admitted on 6/27/21. -Age 10. -Diagnoses of Attention Deficit Hyperactivity Disorder (d/o), Intermittent Explosive d/o, Autism, Oppositional Defiant d/o, Constipation, and Transient Alteration of Awareness.</p> <p>Review on 2/17/22 of Client #2's record revealed: -Admitted on 10/1/21. -Age 15 -Diagnoses of Moderate Intellectual Developmental Disability (IDD), Intermittent Explosive d/o, and Autism.</p> <p>Review on 2/18/22 of Client #3's record revealed: -Admitted on 10/29/17. -Age 18. -Diagnoses of Down Syndrome, Autism, and Attention Deficit Hyperactivity d/o.</p> <p>Review on 2/17/22 of facility file folder revealed: -Client #3 was a minor when the last wavier was requested in March 2021. -There was no current waiver on file allowing two minor clients (Client #1 and Client #2) to reside in the same facility as an adult client (Client #3).</p> <p>Interview on 2/17/22 with the Qualified Professional (QP) revealed: -She did not realize she needed a new waiver when Client #3 turned 18. -She "thought since we had one we were good." -She will complete the request for the waiver immediately.</p>	V 289	<p>QP has Submitted a waiver Request to allow an Adult to stay in the Mind Home. QP will re-evaluate the need for an updated waiver request Yearly when the individuals Annual Plan is done.</p>	