	OF DEFICIENCIES			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R 03/30/2022	
mh		mh1096-192	B. WING		03		
IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
SA LIVIN	IG I		N BREWINGTON D BORO, NC 27530	RIVE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS	3	V 000				
		/ up survey was completed Deficiencies were cited.					
		ed for the following service C 27G .5600A Supervised Mental Illness.					
		ed for 4 and currently has a rvey sample consisted of ients.					
V 112	27G .0205 (C-D) Assessment/Treatme	ent/Habilitation Plan	V 112				
	PLAN (c) The plan shall be assessment, and in p legally responsible p of admission for clier receive services bey (d) The plan shall in (1) client outcome(s achieved by provisio projected date of ach (2) strategies; (3) staff responsible (4) a schedule for re annually in consultat responsible person c (5) basis for evaluat outcome achievement (6) written consent of responsible party, or	ITATION OR SERVICE e developed based on the partnership with the client or erson or both, within 30 days nts who are expected to ond 30 days. clude: s) that are anticipated to be n of the service and a nievement; e; eview of the plan at least ion with the client or legally or both; tion or assessment of					

## PRINTED: 04/07/2022 FORM APPROVED

AND PLAN OF CORRECTION IDENTIFICATIO		Iation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	N NUMBER: A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		mhl096-192			R 03/30/2022		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	·		
		1308 BE	N BREWINGTON D	RIVE			
ASA LIVIN		GOLDSI	BORO, NC 27530				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
V 112	Continued From page	e 1	V 112				
	This Rule is not met as evidenced by: Based on record review and interview the facility						
	failed to implement strategies in a Treatment Plan for one of two clients (#1). The findings are:						
	Review on 03/20/22 or revealed: -46 year old male. -Admission date of 09 -Diagnosis of Schizop	9/15/09.					
		of client #1's n dated 07/29/21 revealed: ized 40 hours per month of					
	-Every day he leaves approximately 9:00an facility at approximate -He would go to the lo to the activity center t	ocal fast food restaurant and to hang out with friends.					
	During interview on 0 -Client #1 had unsup -Client #1 would leave around 9:00am and re	pervised during that time. 3/20/22 staff #1 revealed: ervised time during the day. e the facility in the morning eturn to the facility at					
	to ensure his treatme	the Qualified Professional nt plan indicated the his unsupervised time in the					

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Division	of Health Service Regu	lation			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		mhl096-192	B. WING		R 03/30/2022
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
			N BREWINGTON		
ASA LIVI	NG I		BORO, NC 27530		
	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	I (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 289	27G .5601 Supervise	d Living - Scope	V 289		
	10A NCAC 27G .560 (a) Supervised living provides residential s home environment withese services is the rehabilitation of indivi- illness, a developmen or a substance abuse supervision when in t (b) A supervised livin the facility serves eith (1) one or more (2) two or more Minor and adult client same facility. (c) Each supervised licensed to serve a sp designated below: (1) "A" designal serves adults whose illness but may also h (2) "B" designal serves minors whose developmental disabi- diagnoses; (3) "C" designal serves minors whose developmental disabi- diagnoses; (4) "D" designal serves minors whose substance abuse dep other diagnoses; or	1 SCOPE is a 24-hour facility which ervices to individuals in a here the primary purpose of care, habilitation or duals who have a mental near disability or disabilities, e disorder, and who require he residence. Ig facility shall be licensed if ner: e adult clients; or e adult clients. Is shall not reside in the living facility shall be pecific population as tion means a facility which primary diagnosis is mental have other diagnoses; tion means a facility which primary diagnosis is a lity but may also have other tion means a facility which primary diagnosis is a lity but may also have other tion means a facility which primary diagnosis is a lity but may also have other tion means a facility which primary diagnosis is a lity but may also have other tion means a facility which primary diagnosis is undency but may also have			

Division of Health Service Regulation STATE FORM

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## PRINTED: 04/07/2022 FORM APPROVED

mhl096-192     B. WING     R 03/30/202       NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       ASA LIVING I     1308 BEN BREWINGTON DRIVE GOLDSBORO, NC 27530       (X4) ID PREFIX     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					
WALL OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, JP CODE       1308 BEN BREWINGTON DRIVE COLDSBORD, NC 27530     PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY FULL PREFIX     PREFIX       1700     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL PREFIX     PREFIX TAG     PROVIDER'S PLAN OF CORRECTION (EACH OBPICIENCY MUST BE PRECEDED BY FULL PREFIX     PREFIX       1700     V289     Continued From page 3 (Frietar residence, which serves no more than three adult clients whose primary diagnoses is mental liness 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 but may also have other disabilities who ise 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),(6)(A)(8)); (6); (7) (A)(A)(B)(E)(F)(1)(3), and 10A NCAC 27G .02024),(d)(g)(1) (1)(A) ANCAC 27G .02021,(a)(A)(A)(B)(1)); (1)(A) ANCAC 27G .02021,(a)(A)(A)(B)(1)); (1)(A) ANCAC 27G .02021,(a)(A)(A)(B)(1)); (1)(A) ANCAC 27G .02024),(d)(g)(1) (1)(A) ANCAC 27G .02024),(d)(g)(1) (1)(A)(A)(B)(E)(F)(1)(2),(A) ANCAC 27G .0204 (b)(2)(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).       This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to meet the scope of a 5000A facility which serves adults whose primary diagnosis is mental illness for 1 of 2 clients (#2). The findings are: Review on 03/29/22 of the facility si license issued by the Division of Heattil Struce Regulation (DHSR) revealed the facility was licensed to provide service.5 for adults whose primary diagnosis was mental illness.	mb1096-192		mb/096 192					
GOLDSBORD, NC 27530         CMUDD PREEX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREEX TAG       D PROVIDER'S FLAN OF CORRECTION (CONSTRUCTION) (EACH OPERICIENCY MUST BE PRECEDED BY FULL PREEX TAG       D PREEX (EACH OPERICIENCY)       Contract Operation (Constructed Correct To the APPROPRIATE DEFICIENCY)       Contract (Constructed Correct To the APPROPRIATE DEFICIENCY)         V 289       Continued From page 3 private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other clients whose primary diagnoses is developmental disabilities 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, to three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities, but may also have other disabilities, to three adult clients or three aniny and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0205 (i)(c): 10A NCAC 27G .0205 (i)(c): 10A NCAC 27G .0205 (i)(c): 10A NCAC 27G .0206 (i)(c): 10A	NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE	0,	5/50/2022	
Image     Description       TAX     Description       V289     Continued From page 3 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 family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G 0201 (a)(1)(2)(2)(3)(4)(5)(4)(5)(1)(1)(1)(1)(5); (1)(6); (1)0A NCAC 27G 0202(a)(4)(4)(3)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	ASA LIVIN	IG I			PRIVE			
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),(6)(A)8(B): (6); (7)         (A),(B),(E),(F),(H),(H); (B); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1)         (1); (1); (1); and 10A NCAC 27G .0304         (b); (2); (2); (4), (4)         (1); (1); (1); and 10A NCAC 27G .0304         (b); (2); (2); (4), (4)         (1); (4); (2); (3); (4); (5); (5); (5); (6); (6); (6); (6); (6); (6); (6); (6	PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
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 0202(a),(d),(g)(1) (i); 10A NCAC 27G 0202(a),(d),(g)(1) (i); 10A NCAC 27G 0202(a),(d),(g)(1) (i); 10A NCAC 27G 0202(b),(d); 10A NCAC 27G 0208 (b),(e); 10A NCAC 27G 0.209 (c)(1)- non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E),(F),(G); and 10A NCAC 27G 0.304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).         This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to meet the scope of a 5600A facility which serves adults whose primary diagnosis is mental illness for 1 of 2 clients (#2). The findings are: Review on 03/29/22 of the facility's license issued by the Division of Health Service Regulation (DHSR) revealed the facility was licensed to provide services for adults whose primary diagnosis was mental illness.	V 289	Continued From page	e 3	V 289				
Based on record reviews and interview, the facility failed to meet the scope of a 5600 A facility which serves adults whose primary diagnosis is mental illness for 1 of 2 clients (#2). The findings are: Review on 03/29/22 of the facility's license issued by the Division of Health Service Regulation (DHSR) revealed the facility was licensed to provide services for adults whose primary diagnosis was mental illness.		three adult clients wh mental illness but ma disabilities, or three a clients whose primary developmental disabilities who family provides the se exempt from the follo .0201 (a)(1),(2),(3),(4 (A),(B),(E),(F),(G),(H) (18) and (b); 10A NCA (i); 10A NCAC 27G .0 (a),(b); 10A NCAC 27G .0 (b),(c),(c),(c),(c);(c);(c); a) (b),(c),(c),(c),(c),(c),(c),(c),(c),(c),(c	tose primary diagnoses is by also have other adult clients or three minor y diagnoses is lilities but may also have live with a family and the ervice. This facility shall be wing rules: 10A NCAC 27G (4),(5)(A)&(B); (6); (7) ); (8); (11); (13); (15); (16); AC 27G .0202(a),(d),(g)(1) 0203; 10A NCAC 27G .0205 7G .0207 (b),(c); 10A NCAC A NCAC 27G .0209[(c)(1) - lications only] (d)(2),(4); (e) and 10A NCAC 27G .0304 cility shall also be known as					
by the Division of Health Service Regulation (DHSR) revealed the facility was licensed to provide services for adults whose primary diagnosis was mental illness.		Based on record revi facility failed to meet which serves adults we mental illness for 1 of	ews and interview, the the scope of a 5600A facility whose primary diagnosis is					
Review on 03/30/22 of client #2's record		by the Division of Hea (DHSR) revealed the provide services for a	alth Service Regulation facility was licensed to adults whose primary					
sion of Health Service Regulation	aion -f.L.	revealed:	of client #2's record					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		mhl096-192	B. WING		03	3/30/2022
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,			
ASA LIVIN	IG I		IN BREWINGTON DI BORO, NC 27530	RIVE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 289	Continued From page	ge 4	V 289			
	disease. -No psychotropic me During interview on -The Qualified Profe waiver for client #2. -He would talk with t	ia, Gastroesophageal reflux				

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