

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-726	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2022
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NAME OF PROVIDER OR SUPPLIER NOVELLA'S PLACE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2128 OLD MILBURNIE ROAD RALEIGH, NC 27604
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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
V 000	<p>INITIAL COMMENTS</p> <p>An Annual Survey was attempted on June 29-30, 2022. According to the President there are no clients being served at the facility. The last time clients were served at the facility was "5 or 6 months ago."</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>Observation on 6/29/22 between 3:30-4:30 PM, no answer at the facility address (2128 Old Melbourne Road, Raleigh, NC). Initial attempts to contact the Vice President was unsuccessful. As a result, contact attempt was initiated with the President which was initially unsuccessful. After 15- 20 minutes, the Owner responded to the call. Within the hour, the Vice President returned the call. The interviews with the President and the Vice President are described below.</p> <p>Telephone interviews on 6/29/22 & 6/30/22 the President stated:</p> <ul style="list-style-type: none"> - The facility was in the process of moving to another location - The paperwork for the change of location had not been submitted to the Division of Health Service Regulation (DHSR). <p>Telephone interview on 6/29/22 the Vice President stated:</p> <ul style="list-style-type: none"> - He was no longer affiliated with the group home. - "It had been a while" since he either worked, managed or did anything with the group home. - He had not signed any documentation to remove his name or information from their paperwork. 	V 000		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 000	Continued From page 1 Telephone interview on 6/30/22 the President stated: - Prior to this interview, he was not awarePresident the Vice President was no longer affiliated with the company. They had been business partners for years and the business partner was in the office with him at the time. - Upon speaking with the Vice President, he would provide the necessary corrective measures for changing the ownership information. - In regards to clients, none had been served in 2022. - He anticipated the change of location to be submitted to DHSR in July 2022.	V 000		