STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL020-082	A. BUILDING: _____ B. WING _____	R 08/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RIVER HOUSE	284 SMOKEFORD ROAD MURPHY, NC 28906

(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 A limited follow up survey for the Type A2 rule violation was completed on 8/3/22. This was a limited follow up survey, only 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) was reviewed. The following was brought back into compliance: 10A NCAC 27G .0203 Competencies and Supervision of Paraprofessionals (V110). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual/Developmental Disabilities. This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 1 current client and 1 former client.	V 000		