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Division of Health Service Regulation

OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			D WING			5	
	MHL064-162		B. WING		10/2	20/2022	
PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
HEALTHCARE SERVI	CES INIC III	781 HAG	SERTY TRAI	L			
HEALINGARE SERVI	CES INC III	ROCKY N	IOUNT, NC 2	27803			
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		
INITIAL COMMENTS		V 000					
The complaint was	unsubstantiated (inta						
This facility is licensed for the following service category: 10A NCAC 27G .5600A Living for Adults with Mental Illness							
289 27G .5601 Supervised Living - Scope		V 289					
(a) Supervised livir provides residential home environment these services is threhabilitation of indi illness, a developmor a substance abusupervision when ir (b) A supervised livithe facility serves et (1) one or more (2) two or more Minor and adult clies ame facility. (c) Each supervised livits ame facility. (d) Each supervised licensed to serve a designated below: (e) Each supervised licensed to serve a designated below: (f) "A" design serves adults whose illness but may also (2) "B" design serves minors whose developmental disa	ng is a 24-hour facility services to individual where the primary pure care, habilitation or viduals who have a rental disability or disase disorder, and who have the residence. Fing facility shall be lighter: ore minor clients; or ore adult clients. Into shall not reside in the primary diagnosis in the primary diagnosi	als in a urpose of mental abilities, o require censed if the ty which is a mental es; ty which is a					
	PROVIDER OR SUPPLIER HEALTHCARE SERVI SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS INITIAL COMMENT A complaint survey The complaint was #NC00192620) A de This facility is licens category: 10A NCA with Mental Illness The facility is licens census of 3. The su former client. 27G .5601 Supervise 10A NCAC 27G .56 (a) Supervised livir provides residential home environment these services is th rehabilitation of indi illness, a developm or a substance abu supervision when ir (b) A supervised liv the facility serves ei (1) one or mo (2) two or mo Minor and adult clie same facility. (c) Each supervise licensed to serve a designated below: (1) "A" design serves adults whos illness but may also (2) "B" design serves minors whos s	MHL064-162 PROVIDER OR SUPPLIER HEALTHCARE SERVICES INC III SUMMARY STATEMENT OF DEFICIENCIE: (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMAL INITIAL COMMENTS A complaint survey was completed on 1 The complaint was unsubstantiated (into #NC00192620) A deficiency was cited. This facility is licensed for the following scategory: 10A NCAC 27G .5600A Living with Mental Illness The facility is licensed for 5 and currentl census of 3. The survey sample consist former client. 27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility provides residential services to individual home environment where the primary puthese services is the care, habilitation or rehabilitation of individuals who have a rillness, a developmental disability or discor a substance abuse disorder, and who supervision when in the residence. (b) A supervised living facility shall be little facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside its same facility. (c) Each supervised living facility shall be licensed to serve a specific population and designated below: (1) "A" designation means a facility serves adults whose primary diagnosis illness but may also have other diagnosis illness but may also have other diagnosis developmental disability but may also have velopmental disability but may also have other diagnosis developmental disability but may also have	MHL064-162 PROVIDER OR SUPPLIER STREET AD HEALTHCARE SERVICES INC III SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint survey was completed on 10/20/22. The complaint was unsubstantiated (intake #NC00192620) A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Living for Adults with Mental Illness The facility is licensed for 5 and currently has a census of 3. 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Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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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	
		MHL064-16	32	B. WING			C 20/2022	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	·		
KOODY	HEALTHCARE SERVI	CES INC III		GERTY TRAI				
- KOOD1	TIEAETHOAKE GERVI		ROCKY N	OUNT, NC 2	27803			
(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 (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
	(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (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.0205 (a),(b); 10A NCAC 27G.0207 (b),(c); 10A NCAC 27G.0304 (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 interviews the							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
, , , , , , , , , , , , , , , , , , , ,	or contribution	IDENTIFICATION TO MIDERA	A. BUILDING:	·			
		MHL064-162	B. WING		I	2 0/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE			
KOODY HEALTHCARE SERVICES INC III 781 HAGGERTY TRAIL ROCKY MOUNT, NC 27803							
(V4) ID	SLIMMARY STA			PROVIDER'S PLAN OF CORREC	TION	(YE)	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	CTION SHOULD BE COMPLETE DATE DATE		
V 289	Continued From page 2		V 289				
		erate within the scope of its of 3 current clients (#1, #2#3).					
	Review on 10/13/22 of facility records revealed: - License for 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness						
	- No current licensure for respite services.						
	Review on 10/13/22 sister facility client record revealed: - There was no client record						
	Observation on 10/13/22 at 10:30am sister facility client was sitting on the couch in the living room area of the group home.						
	Interview on 10/13/22 client #4 stated -Sister facility clients stayed the night here sometimes -Sister facility client slept in bedroom #3						
	Interview on 10/13/ -Listed sister facility house -He stayed the nigh	y client as a resident of the					
	-Sister facility client facility						

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