

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-401	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/07/2022
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NAME OF PROVIDER OR SUPPLIER NEW YORK HOMES 1	STREET ADDRESS, CITY, STATE, ZIP CODE 11 WAPITI COURT CANDLER, NC 28715
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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 and follow up survey was attempted on December 7, 2022. According to the Licensee there are no clients being served at the facility. The last time clients were served at this facility was July 16, 2022.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>Record review on 12-7-22 of Former Client (FC) #1 ' s record revealed: -Admission Date: 7-11-22. -Discharge Date: 7-16-22. -Diagnoses: Down Syndrome, Attention Deficit Hyperactivity Disorder, and Autism.</p> <p>Interview on 12-7-22 with the Owner/President revealed: -Clients had resided at the facility earlier this year. -There were no clients currently residing at the facility.</p> <p>Interview on 12-7-22 with the Qualified Professional revealed: -FC #1 was residing at New York Homes 1 in July 2022. -Services had not been provided to clients at the facility since the time FC #1 was discharged.</p>	V 000		

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