PRINTED: 03/15/2023 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL023-214 NAME OF PROVIDER OR SUPPLIER STREET A				E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		B. WING		03/02/2023			
		DDRESS, CITY, STATE	, ZIP CODE	03	03/02/2023		
	IPSON HOUSE NC	119 NOF		ENU			
		KINGS	MOUNTAIN, NC 280)86			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OD PREFIX (EACH CORRECTIVE AC TAG CROSS-REFERENCED TO DEFICIEN		TION SHOULD BE COMPLE THE APPROPRIATE DATE		
∨ 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on March 2, 2023. A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.						
	census of 2. The sur	ed for 3 and currently has a vey sample consisted of ents and 1 deceased client.					
V 722	27G .0302 (a) DHSR Construction Approval		V 722				
	(a) When construction additions are planned facility, work shall not consultation with the and with the local buil having jurisdiction. G encouraged to consu	TERATIONS/ ADDITIONS n, use, alterations or d for a new or existing t begin until after DHSR Construction Section ilding and fire officials overning bodies are					
	Division of Health Se	ew, observation and / failed to consult with the rvice Regulation (DHSR) prior to making facility					
	DHSR from the Licer Officer (CEO) reveale -Additional rooms had plan of the facility.	d been added to the floor s had not been inspected					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED			
				A. BUILDING:			
	MHL023-214		B. WING		03	03/02/2023	
NAME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,				
	IPSON HOUSE NC		RTH PIEDMONT AVE MOUNTAIN, NC 280				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL 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 722	Continued From pag	le 1	V 722				
	Observation of the farevealed: -A new addition had -The addition formed hallway of the home. -2 bedrooms, each w the hallway were adj between them. Interview on 2/28/23 -The new addition to in use. -"We added an addition bedrooms and bathre [licensee] that we nee environmental and fit told that we had to h The way the home w long walk to the bath inspection and appro- construction" Interview on 2/28/23 -"We have an addition important to us that wo Jill bathroom because at night. We like haw 2 bedrooms far away	acility on 2/28/23 at 1:55 pm been built on to the home. d an L-shape with the original with their own entrance from oined by a bathroom in with Staff#1 revealed: the house was not currently tion to the home for extra ooms. We were told by seded to have an re inspection. We were never ave DHSR prior approval. vas originally set up was a broom. We are now awaiting oval from state with Staff#2 revealed: on to the home. It was we got one with a Jack and se it would benefit [Client#3] ing the extra space. We have y from a bathroom and the					
	person's needs. Nol part yet because we to come out and aut	be used depending on each body is residing in the new have to wait on construction horize the use of the addition. We were never told this, but					
	Interview on 3/2/23 v Professional (QP) re -She visited the facil	with the Qualified					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-214			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING		03	03/02/2023		
			T ADDRESS, CITY, STATE, ZIP CODE			102/2023	
	MPSON HOUSE NC		RTH PIEDMONT AVE				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLET DATE	
V 722	was informed in Nove planning on putting a because they intended new addition. He would bathroom closer. This that I had anyone built home and [Staff#2] a come out. I said I dor and get back with you explained to [Staff#2] had to inspect prior to was unaware that DH building. DHSR cons and I think they are con- linterview on 3/2/23 w -"I want to say in the in Colorado, [Staff#2] wanting to build onto additions would have I did not know until the construction had to co- only knew that they hit it prior to moving a cl- DHSR construction her the home and he is so on Monday on when Currently there are n and there will not be addition until it is app have had environment completed already, a construction approval anybody build onto the	re construction approves it. I	V 722				

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