STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
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MHL092-248		B. WING		02/23/2024				
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
FVANS-V	EVANS-WALSTON HOME 808 HAWKS VIEW COURT							
LVANO-V	WALSTON HOWL	FUQUAY	VARINA, NC	27526				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
V 000	INITIAL COMMENT	rs .	V 000					
	A follow up and complaint survey was completed on 2/23/24. The complaints were unsubstantiated Intake #NC00213508 & NC00213564. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living/Alternative Family Living. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.							
V 289	27G .5601 Supervis	sed Living - Scope	V 289					
	10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or							
	Minor and adult clie same facility. (c) Each supervise licensed to serve a	re adult clients. nts shall not reside in the d living facility shall be specific population as						
	designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other							

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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LVANO-1	VALOTON HOME	FUQUAY	VARINA, NC	27526		
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V 289	Continued From pa	ge 1	V 289			
	serves adults whos developmental disa diagnoses; (4) "D" design serves minors whos substance abuse do other diagnoses; (5) "E" design serves adults whos substance abuse do other diagnoses; or (6) "F" design private residence, where adult clients where adult clients where adult clients where adult clients whose prima developmental disa other disabilities, or three clients whose prima developmental disa other disabilities where adult clients whose prima developmental disa other disabilities where disabil	nation means a facility in a which serves no more than whose primary diagnoses is nay also have other adult clients or three minor				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE COMP	SURVEY	
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MHL092-248		B. WING		R-C 02/23/2024			
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V 289	Continued From pa	ge 2	V 289				
	interview the facility services to individu. where the primary puthe care, habilitation who have a mental disability for 3 of 3 of findings are:	ion, record review and realized to provide residential als in a home environment ourpose of these services is n or rehabilitation of individuals illness & developmental clients (#1, #2 & #3). The					
	Review on 2/20/24 of client #1's record revealed: - admitted 7/11/22 - diagnoses of: Bipolar, Intermittent Explosive Behavior, Diabetes, Hypertension, Mild Intellectual Developmental Disability (IDD) & Chronic Obstructive Pulmonary Disease						
	Review on 2/20/24 of client #2's record revealed: - admitted 8/1/22 - diagnoses: Severe IDD & Seizure Disorder						
	Review on 2/20/24 of client #3's record revealed: - admitted 8/1/22 - diagnoses: Profound IDD, Cerebral Palsy & Seizure Disorder						
	A. Observation on 2/20/24 at 12:17pm revealed the following: - 5 clients in the television/kitchen area with a staff from an unlicensed facility - 4 clients outside in the backyard with staff #2 - 2 of the 4 clients sat on the deck & the other 2 walked for exercise During interview on 2/20/24 the Licensee/Qualified Professional (L/QP) reported: - the 9 clients currently at the facility were as follows: - 2 clients resided at the facility						

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Division	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL092-248		B. WING		R-C 02/23/2024		
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EVANS-V	VALSTON HOME	FUQUAY \	VARINA, NC	27526		
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V 289	Continued From pa	ge 3	V 289			
	- 2 clients were v - 5 clients receive services (CNS)	risitors ed community network				
	 him, client #2 & sometimes clie unlicensed facility): "it was awhile a when client #5 & cli 	2/20/24 client #1 reported: a client #3 resided at the facility nt #5 & client #6 (from stayed overnight at the facility agodo not recall dates" ent #6 stayed overnight a unlicensed facility came in t at 2:30pm or 3pm				
	unlicensed facility re- was at the facili was at the facili					
	During interview on 2/20/24 client #9 from the unlicensed facility reported: - came to the facility daily - he lived with client #5 but did not know the address - sometimes went out in the community & some days remained at the facility					
	the following: - 6 clients from the titchen table - 3 clients from the television/sitting are	2/22/24 at 12:18pm revealed ne unlicensed facility ate lunch he licensed facility was in the eare in the kitchen				
	During interview on 2/22/24 client #4 from the unlicensed facility reported: - just started at the facility on Monday (2/19/24) - activities included: played tic-tac-toe and					

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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		
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			VARINA, NC			
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V 289	Continued From pa	ge 4	V 289			
	activities - she needed a journing interview on unlicensed facility rounds are to the lice had breakfast, the licensed facility	nd did not participate in the bb 2/22/24 client #5 from the				
	During interview on 2/22/24 client #6 from the unlicensed facility reported: - visited the licensed facility daily - activities included: exercise and coloring activities - between 10:45am - 12:15pm she participated in an online class from a technical college to further her education - the online class was set up in client #3's bedroom					
	During interview on 2/22/24 a staff from the unlicensed facility reported: - came daily to the facility from 7:30am - 3:30pm - provided CNS for client #2 & client #3 - activities included: client #2 walked for exercise, colored & played games - client #3 was in a wheel chair therefore she assisted him with showers and exercised his legs - assisted client #2 & client #3 with meals - client #2's food had to be cut up & client #3's food was "spoon fed" to him During interview on 2/20/24 a representative from the local management entity/managed care					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY	
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		MHL092-248	B. WING		02/2	3/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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V 289	Continued From pa	ge 5	V 289			
	organization (LME/I - the Licensee pr facility from 8am - 5	ovided CNS in the licensed				
	During interview on 2/20/24 & 2/21/24 the Licensee/Qualified Professional (L/QP) reported: - client #5 & client #6 resided at an unlicensed facility with no overnight stays at the licensed					
	facility - they both lived in her home years ago - she was the QP for an agency that provided CNS - clients met their CNS worker at the licensed facility at 8am & returned at 4pm - when clients were not in the community, she					
	provided CNS to some of the clients at the licensed facility clients participated in activities at the licensed facility such as: exercises, games, coloring, word searches and sometimes a licensed beautician visited the facility to teach clients proper grooming techniques she had contacted another agency that offered workshop services for the clients outside of the licensed facility the owner of the workshop was supposed to contact her today (2/20/24) per the LME/MCO, she could provide CNS in the licensed facility until 3/1/24					

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