

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/07/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HIGHER CAUSE RESIDENCES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 RIDGEWOOD ROAD YOUNGSVILLE, NC 27596</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on March 7, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability</p> <p>The facility is licensed for 5 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 768	<p><b>27G .0304(d)(4) Non-Client Accommodations</b></p> <p><b>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</b></p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(4) In facilities with overnight accommodations for persons other than clients, such accommodations shall be separate from client bedrooms.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure overnight accommodations for persons other than clients were separate from client bedrooms. The findings are:</p> <p>Observation on 3/7/24 at 11:02 am during the tour of the facility revealed:</p> <ul style="list-style-type: none"> <li>- 2 separate client bedrooms occupied by client #1 &amp; client #2</li> <li>- a vacant bedroom</li> <li>- a bedroom occupied by staff which could</li> </ul>	V 768		

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

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V 768	Continued From page 1 accommodate 2 clients  During interview on 3/7/24 the Licensee reported: - staff slept in the bedroom that could accommodate 2 clients - may consider a change of application to reduce capacity to 3 clients	V 768		