		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER.	A. BUILDING:			
		MHL001-290	B. WING			C 14/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
NEVAEH	'S HOME		RTH NC HIGH			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	A complaint survey was completed on June 14, 2024. The complaint was unsubstantiated (#NC00217971). A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living Alternative Family Living in a Private Residence.					
		sed for three and currently has he survey sample consisted o d 1 former client.				
	27G .0202 (A-E) Personnel Requirements		V 107			
	which:	ll have a written job lirector and each staff positior				
	competency, work e qualifications for the	e minimum level of education experience and other e position; e duties and responsibilities o				
	supervisor; and	y the staff member and the				
	(b) All facilities sha each staff member	in the staff member's file. Il ensure that the director, or any other person who rvices to clients on behalf of				
	(1) is at least 1(2) is able to refollow directions;	8 years of age; ead, write, understand and				
	(3) meets the r competency, work e	ninimum level of education, experience, skills and other				
	qualifications for the (4) has no sub ealth Service Regulation	e position; and stantiated findings of abuse o	r			

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C	
	MHL001-290				06/14/2024
AME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
EVAEH'S HOME		RTH NC HIGH GTON, NC 272			
	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 107 Continued From pa	ge 1	V 107			
applicants for empl conviction. The im decision regarding upon the offense in which the applicant (d) Staff of a facilit currently licensed, accordance with ap services provided. (e) A file shall be n employed indicating	services shall require that all oyment disclose any criminal pact of this information on a employment shall be based relationship to the job for is applying. y or a service shall be registered or certified in oplicable state laws for the naintained for each individual g the training, experience and for the position, including				
the facility failed to	view reviews and interviews ensure three of five audited b) met the minimum level of				
revealed: -Date of hire was 3 -She was hired as a					
Review on 6/13/2/	of staff #2's personnel record				

STATE FORM

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If continuation sheet 2 of 3

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		DENTIFICATION NOMBER.	A. BUILDING:			
		MHL001-290	B. WING			C 14/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
NEVAEH	'S HOME		RTH NC HIGH GTON, NC 272			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 107	Continued From page 2		V 107			
	 There was no doct verification. Review on 6/13/24 revealed: Date of hire was 6, He was hired as a There was no doct verification. Interview on 6/13/2 "Honestly it slipped education informati my home state." Interview on 6/13/2 Living (AFL) Provid She was not sure work the staff records of the hiring agency and making sure do personnel records. She was dealing work 	a Paraprofessional. umentation of education of staff #3's personnel record /19/23. Paraprofessional. umentation of education 4 with staff #1 revealed: d my mind to get them my on. I will have to order it from 4 with the Assisted Family er revealed: why the proof of education was rds. was responsible for training ocuments were in the <i>i</i> th personal health issues and th the agency to make sure				

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