STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-103	A. BUILDING: _____ B. WING _____	06/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW GROUP HOME	421 RIVERVIEW DRIVE ASHEVILLE, NC 28806

(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	INITIAL COMMENTS A limited follow up survey for the Type B was completed on 6/21/24. This was a limited follow up survey, only 10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Service Plan (V112), 10A NCAC 27G.0209 Medication Requirements (V118) and 10A NCAC 27E.0101 Least Restrictive Alternative (V513) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Service Plan (V112), 10A NCAC 27G.0209 Medication Requirements (V118) and 10A NCAC 27E.0101 Least Restrictive Alternative (V513). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000		