

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-154	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER MEADOW VIEW HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MEADOW VIEW STREET MORGANTON, NC 28655		
(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 An annual survey was completed on November 6, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 289	27G .5601 Supervised Living - Scope 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 (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a 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 diagnoses; (3) "C" designation means a facility which	V 289		

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

TITLE

(X6) DATE

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V 289	<p>Continued From page 1</p> <p>serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the</p>	V 289		

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V 289	<p>Continued From page 2</p> <p>facility failed to operate within the scope of licensure and served as the private residence for 1 of 2 audited staff (Alternative Family Living (AFL) Provider #1). The findings are:</p> <p>Review on 11/6/24 of AFL Provider #1's personnel record revealed: -Date of hire: 10/15/22.</p> <p>Interview on 11/5/24 with AFL Provider #1 revealed: -The facility was her personal residency. -She received mail at the facility. -The facility was previously licensed under 10A NCAC 27G .5600F Supervised Living for Alternative Family Living (5600F) in 2021. -The facility went under the current Licensee in 2022, and the license then changed under 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability (5600C). -She was not aware of why the licensed changed and that "North Carolina Outreach (Licensee) handled updating the license information for the facility." -"Never heard of not being able to live at my home with them (clients)."</p> <p>Interview on 11/5/24 with Client #3 revealed: -No one other than AFL Provider #1 worked with the clients in the facility. -"That's mama bear's (AFL Provider #1) house, she lives here with us."</p> <p>Interview on 11/6/24 with the Qualified Professional (QP) revealed: -The Chief Quality Officer was responsible for renewing the facility license annually. -He was not sure how the facility license switched from a 5600F to 5600C. -"That's her (AFL Provider #1) home, she's been</p>	V 289		

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V 289	Continued From page 3 doing it (providing services) for a while." Interview on 11/6/24 with the Chief Quality Officer revealed: -He was responsible for renewing the facility license annually and updating the facility licensure information starting in 2023. -He renewed the facility license in 2023 as a 5600C by renewing "what was already in Enterprise (license information system)." -He was not sure who would have switched the license from a 5600F to a 5600C in 2022, "...would have been previous staff who no longer work here." -He will complete the annual facility license renewal for 2025 to a 5600F, "we'll get it taken care of."	V 289		