

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL017-022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/15/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LEVAN PLACE

**281 W MAIN STREET
YANCEYVILLE, NC 27379**

(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 and follow up survey was completed on 10/15/24. Deficiencies were cited. Refer to Survey Event ID# 9TZ711 dated 10/15/24 for citations. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 5 and has a current census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	<i>Guardians Signed PC Ps 10/24/24</i>	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

9TZ711

If continuation sheet 1 of 4

Division of Health Service Regulation
STATE FORM

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NAME OF PROVIDER OR SUPPLIER LEVAN PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 281 W MAIN STREET YANCEYVILLE, NC 27379		
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V 112	Continued From page 2 revealed: - An admission date of 7/15/15 - Diagnoses: Impulsive Control, D/O; Intellectual D/O, Moderate to Severe, Hyperlipidemia and Hypertension - A Department of Social Services (DSS) in another county provided guardianship services to client #3 - A treatment plan dated 9/2/24 which was not signed by a DSS social worker/representative Interview on 10/15/24 with the Director revealed: - The facility's Qualified Professional (QP) was responsible for developing the treatment plans on behalf of the clients - She knew the QP had sent the clients' treatment plans to the respective DSS social workers; however, there was often a delay in getting the plans signed - She would follow up with the QP about the still unsigned plans - It was a challenge to get the plans signed as required and returned to the QP	V 112	<i>DSS Documents Signed 10/24/24 PCP's - 10/24/24</i>	
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 10/15/24 between 2:50 pm - 3:02	V 736	<i>Landed Started all 12/2/24 Repairs will be Complete by - 12-2-24</i>	

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V 736	<p>Continued From page 3</p> <p>pm of the facility revealed:</p> <p>Kitchen:</p> <ul style="list-style-type: none"> - The bottom of the door handle to the upright freezer was not fully attached to the freezer door <p>Client #1's bedroom:</p> <ul style="list-style-type: none"> - The overhead light fixture/ceiling fan had three light bulbs that were burned out <p>Clients' bathroom:</p> <ul style="list-style-type: none"> - Multiple areas of cracked and peeling paint on the walls of the - A square mirror over the sink was chipped/discolored approximately a half inch along each of its four sides - A buildup of dust on the overhead exhaust fan located in the ceiling - A metal medicine cabinet with peeling paint and rust along the top and bottom of the cabinet and around the knob of the door to the cabinet - A portion of the wall to the right of the bathtub was chipped and appeared to have been patched and painted over; however the chipped areas were still noticeable - Brown/rust colored specks along the seams of the same area of the wall <p>Interview on 10/15/24 with the Director revealed:</p> <ul style="list-style-type: none"> - The Qualified Professional had made contact with the landlord/handyman who had made some repairs at the facility - She acknowledged additional repairs needed to be completed <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736	<p><i>Landlord Stated all repairs will be complete by 12/2/24</i></p>	<p><i>12/2/24</i></p>	