

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-372</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW YORK HOMES RESIDENTIAL CARE CENTER #2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>82 INGLE ROAD</b> <b>ASHEVILLE, NC 28804</b>		
(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 December 12, 2024. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.  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 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-372</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW YORK HOMES RESIDENTIAL CARE CENTER #2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>82 INGLE ROAD</b> <b>ASHEVILLE, NC 28804</b>		
(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 118	<p>Continued From page 1</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure MARs were kept current for 1 of 3 clients (Client #3). The findings are:</p> <p>Review on 12/10/24 of Client #3's record revealed: -Date of Admission: 6/27/21. -Diagnoses: Autism, Severe Intellectual Developmental Disability, Intermittent Explosive Disorder, Oppositional Defiance Disorder, Attention Deficit Hyperactivity Disorder, transient alteration of awareness, partial trisomy and other unspecified chromosomal abnormalities, disruptive mood dysregulation disorder, and sensory and nervous system impairment. -A physician's order dated 10/15/24 for Cetirizine 10 milligram, take 1 tablet every day by oral route at bedtime for 30 days, with 2 additional refills.</p> <p>Observation of Client #3's on 12/10/24 at 12:41 pm revealed: -A medicine bottle for Cetirizine 10mg, dispensed, quantity 30 on 10/16/24, with 4 pills remaining. -A bubble pack with Cetirizine 10mg dispensed 11/6/24.</p> <p>Review on 12/10/24 of Client #3's MARs dated October 2024 through present date revealed:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-372</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW YORK HOMES RESIDENTIAL CARE CENTER #2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>82 INGLE ROAD</b> <b>ASHEVILLE, NC 28804</b>		
(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 118	<p>Continued From page 2</p> <p>-October 2024; Cetirizine 10mg dispensed daily from October 17 to 31.</p> <p>-November 2024; Cetirizine 10mg dispensed daily from November 1 to 15.</p> <p>-December 2024; Cetirizine 10mg dispensed daily from Dec 1 to 9.</p> <p>Interview on 12/10/24 with Direct Support Professional #2 revealed:</p> <p>-Only gave medication from the new medication bubble pack.</p> <p>-"The order said 30 days. We only gave (the medication) for 30 days."</p> <p>Interview on 12/10/24 with the Alternative Family Living (AFL) provider revealed:</p> <p>-Usually oversaw medications with the help of Vice President (VP) of New York (NY) Homes.</p> <p>-The Cetirizine was only being administered from the medication bubble pack.</p> <p>-"We wouldn't give medication from the pack and the bottle."</p> <p>-"Typically, our orders are for 30 days."</p> <p>Interview on 12/11/24 with the Qualified Professional revealed:</p> <p>-Did not provide oversight on the medications.</p> <p>-Would review the MARs when they were turned in.</p> <p>Interview on 12/10/24 with the VP of NY Homes revealed:</p> <p>-The new medication bubble packs were delivered mid-month.</p> <p>-The medication had been given, "...it just wasn't initialed as being given."</p> <p>-The medication bubble pack dispensed on 11/6/24 had the medication in it and staff would not have continued using the bottle.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-372</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW YORK HOMES RESIDENTIAL CARE CENTER #2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>82 INGLE ROAD</b> <b>ASHEVILLE, NC 28804</b>		
(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 119	Continued From page 3	V 119		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program.</p> <p>Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medication was disposed</p>	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-372</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW YORK HOMES RESIDENTIAL CARE CENTER #2</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>82 INGLE ROAD</b> <b>ASHEVILLE, NC 28804</b>		
(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 119	<p>Continued From page 4</p> <p>of in a manner that guards against diversion or accidental ingestion affecting 2 of 3 audited clients (Clients #2 and #3). The findings are:</p> <p>Review on 12/10/24 of Client #2's record revealed: -Date of Admission:10/1/21. -Diagnoses: Moderate Intellectual Developmental Disability (IDD), Autism, and Intermittent Explosive Disorder (IED). -A physician's order dated 2/25/23 for Olanzapine 5 milligrams, take 1 tablet orally once dated as needed (PRN).</p> <p>Review on 12/10/24 of Client #3's record revealed: -Date of Admission: 6/27/21. -Diagnoses: Autism, Severe IDD, IED, Oppositional Defiance Disorder, Attention Deficit Hyperactivity Disorder, transient alteration of awareness, partial trisomy and other unspecified chromosomal abnormalities, disruptive mood dysregulation disorder, and sensory and nervous system impairment. -No physician's order for Risperidone PRN.</p> <p>Observation on 12/10/24 at approximately 12:26 pm to 12:41 pm revealed: -Client #2's Olanzapine was dispensed on 7/13/23 with an expiration date of June 2024. -Client #3's Risperidone was dispensed on 1/16/23 with an expiration date of 1/16/24.</p> <p>Review on 12/10/24 of Client #2's Medication Administration Records (MARs) dated October 2024 through present date revealed: -No documentation of Olanzapine having been administered as a PRN.</p> <p>Review on 12/10/24 of Client #3's MARs dated</p>	V 119			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-372</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW YORK HOMES RESIDENTIAL CARE CENTER #2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>82 INGLE ROAD</b> <b>ASHEVILLE, NC 28804</b>		
(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 119	Continued From page 5  October 2024 through present date revealed: -No documentation of Risperidone having been administered as a PRN.  Interview on 12/10/24 with the Alternative Family Living provider revealed: -Usually oversaw medications with the help of Vice President (VP) of New York (NY) Homes. - "I try to look usually every month (for expired medications)." -Neither of those medications had been administered.  Interview on 12/11/24 with the Qualified Professional revealed: -Did not provide oversight on the medications.  Interview on 12/10/24 with the VP of NY Homes revealed: -"The out-of-date stuff (medication) is my fault. I didn't check."	V 119		
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 observations, interviews, and record reviews, the facility was not maintained in a safe and orderly manner. The findings are:  Observation on 12/10/24 at 12:47pm of Client #2's bedroom revealed: -The bedroom had one window with 2 rectangular	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-372</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW YORK HOMES RESIDENTIAL CARE CENTER #2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>82 INGLE ROAD</b> <b>ASHEVILLE, NC 28804</b>		
(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 736	<p>Continued From page 6</p> <p>panes of glass, one on top of each other, with 2 locks on the bottom half.</p> <p>-The Alternative Family Living (AFL) Provider attempted to open the window, and it would not lift open.</p> <p>-The window was screwed shut with one screw on each side of both the bottom and top window sash.</p> <p>-There were glass shards ranging in size from approximately 1/4 inch to a half inch along the left and right side of the interior double pane top window panel.</p> <p>-A hole on the inside of the bedroom door approximately 6 inches long by 3 inches wide.</p> <p>-A patch in the dry wall approximately 2 feet (ft) long by 1 foot (ft) wide and 5 ft high from the floor that was not painted and had scratch marks running from the top to the bottom of the patch which exposed the inside of the drywall.</p> <p>-A sheet of plywood approximately 4 ft by 8 ft was screwed into the wall on the left as you entered the bedroom, that was not painted.</p> <p>-A dresser with 2 doors and 2 drawers that had one door missing.</p> <p>-Linoleum type flooring ripped and missing in multiple places throughout the room, which included but not limited to: approximately 4 ft by 6 ft underneath the bed ripped along the edges, a 1 ft by 1 ft missing segment near the wall with the window also ripped, a 6 inch by 6 inch missing segment by the door also ripped, and several long rips ranging in size from 1 ft to 6 ft throughout the flooring.</p> <p>Review on 12/10/24 of the North Carolina Residential Building Code Section 310.2.1 revealed:</p> <p>-"Emergency Egress - Every sleeping room shall have at least one operable window or exterior door approved for emergency egress. The units</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-372</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW YORK HOMES RESIDENTIAL CARE CENTER #2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>82 INGLE ROAD</b> <b>ASHEVILLE, NC 28804</b>		
(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 736	<p>Continued From page 7</p> <p>must be operable without the use of key or tool to a full clear opening. If a window is provided, the sill height may not be more than 44" above the floor. These must provide a clear opening of 4 square feet. The minimum height shall be 22 inches and minimum width is 20 inches (1996 Building Code). (For buildings built under the previous Residential Building Code the requirements allowed for a sill height of 48" and an opening of 432 square inches in area with a minim dimension of 16")."</p> <p>Interview on 12/10/24 with the AFL Provider revealed:</p> <ul style="list-style-type: none"> <li>-Was not sure when or who screwed Client #2's bedroom window shut.</li> <li>-Client #2's bedroom window was "screwed in for safety, window won't stay up."</li> <li>-He would take the screws out "immediately".</li> <li>-"Around summertime" was when Client #2's bedroom drywall was patched, the plywood hung up, and the hole in the door occurred.</li> <li>-When Client #2 would get upset, he "kicks and punches walls, door and dresser" in his bedroom.</li> <li>-Client #2's bedroom has "gone through like 4 doors this year" and he was "not sure when it will be replaced."</li> <li>-Client #2 ripped his bedroom floor, "he picks at it...not sure how long it's been ripped up."</li> </ul> <p>Interview on 12/10/24 with the Direct Support Professional (DSP) #1 revealed:</p> <ul style="list-style-type: none"> <li>-Was usually the one "doing repairs" at the facility.</li> <li>-Screwed Client #2's window shut approximately 2 weeks ago.</li> <li>-He was in the kitchen when DSP #3 saw Client #2 in his bedroom carrying the window around his room.</li> <li>-He "tried to put the window back (in Client #2's</li> </ul>	V 736		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-372</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW YORK HOMES RESIDENTIAL CARE CENTER #2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>82 INGLE ROAD</b> <b>ASHEVILLE, NC 28804</b>		
(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 736	<p>Continued From page 8</p> <p>bedroom), but it wouldn't stay shut so I screwed it in."</p> <p>-The facility had someone coming to replace Client #2's bedroom window but he was "not sure why it was taking so long."</p> <p>-Patched Client #2's bedroom drywall "in the summer (2024)" and Client #2 "picked at the wall."</p> <p>-Screwed the plywood into Client #2's bedroom wall and "didn't have a chance to re-do the wall."</p> <p>-He (Client #2) keeps putting holes in the wall (Client #2's bedroom wall)"</p> <p>-Client #2's bedroom door "will be replaced tomorrow, I'll go get a door tonight."</p> <p>-"[Client #2] ripped up the floor (in the bedroom), not sure how long it's been ripped up."</p> <p>Interview on 12/10/24 with the DSP #2 revealed:</p> <p>-"[Client #2] gets upset when things are out of place in the home."</p> <p>-Client #2's bedroom window would not stay closed.</p> <p>-Client #2 "kicked his window (bedroom window) out before the storm (September 2024) and it was screwed in for safety reasons."</p> <p>-Did not know who screwed Client #2's bedroom window shut.</p> <p>-The hole in Client #2's bedroom door happened "not too long ago" but did not know approximately when it happened.</p> <p>-Client #2 "kicked the wall in (bedroom wall)" and the plywood was screwed into the wall "during the summer (2024)."</p> <p>-Did not know when Client #2's bedroom drywall was patched.</p> <p>-Client #2's bedroom floor was ripped up from "[Client #2] picking at it and pulling it up" and was "not sure how long it was ripped up."</p> <p>Interview on 12/10/24 with the DSP #3 revealed:</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-372</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW YORK HOMES RESIDENTIAL CARE CENTER #2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>82 INGLE ROAD</b> <b>ASHEVILLE, NC 28804</b>		
(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 736	<p>Continued From page 9</p> <p>- "...a couple of weeks ago, he (Client #2) had a behavior out of nowhere" and she saw him "carrying the window in his room."</p> <p>- "[DSP #1] screwed the window in (Client #2's bedroom window)."</p> <p>- Client #2 punched his bedroom wall which resulted in the hole in the wall, but was unsure of when it happened.</p> <p>- Client #2 "saw it (the hole in the wall) was fixed and started scratching at the wall."</p> <p>- Was not sure when the plywood was screwed into his wall.</p> <p>- The hole on the inside of Client #2's bedroom door happened "a couple months ago", and she was "not sure if the door will be fixed."</p> <p>- Client #2 "ripped his floor up (in the bedroom)" and she was not sure how long it's been ripped up.</p> <p>Interview on 12/11/24 with the Qualified Professional (QP) revealed:</p> <p>- The "[Owner/Licensee] would be responsible for maintenance issues and repairs."</p> <p>- It was expected from the facility that "immediate repairs happen anytime the facility is damaged."</p> <p>- Client #2 kicked his window out on 10/21/24.</p> <p>- Was not aware Client #2's bedroom window had been screwed shut, "nobody told me."</p> <p>- It was "not appropriate" for Client #2's bedroom window to be screwed shut and she would have a conversation with staff.</p> <p>- Was not sure why the facility did not fix the damage in Client #2's bedroom.</p> <p>- "...Not acceptable that it (all the damage in Client #2's bedroom) was not fixed."</p> <p>- "It will all be fixed by the time you (Division of Health Service Regulation) come back."</p> <p>Interviews on 12/10/24 and 12/11/24 with the Vice President (VP) of New York (NY) Homes</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-372</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW YORK HOMES RESIDENTIAL CARE CENTER #2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>82 INGLE ROAD</b> <b>ASHEVILLE, NC 28804</b>		
(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 736	<p>Continued From page 10</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-Client #2 kicked his bedroom window in and a "glass company was coming out next Tuesday (12/17/24) to install the window."</li> <li>- "Didn't know the window (Client #2's bedroom window) was screwed in."</li> <li>-Did not know when or who patched Client #2's bedroom drywall.</li> <li>-Did not know when or who screwed the plywood into Client #2's bedroom wall.</li> <li>-Client #2 "punched his door in" and the facility was "on door #4" for the year (2024).</li> <li>-Did not know how long Client #2's bedroom floor had been ripped up.</li> <li>- "Have a handy man coming out to fix the walls (in Client #2's bedroom)."</li> </ul> <p>Interview on 12/11/24 with the Owner/Licensee revealed:</p> <ul style="list-style-type: none"> <li>-Staff "didn't do it on purpose (Client #2's bedroom window screwed shut)" and he "don't really have any feelings for it."</li> <li>- "If someone (staff) intentionally screwed the window (Client #2's bedroom window), I'd fire their a*s."</li> <li>- "If I did something wrong I'll accept it."</li> <li>- "I've been in business 15 years...this was an accident. I take it with a grain of salt. That is my thoughts on it and how I stand on it."</li> </ul> <p>Review on 12/11/24 of the Plan of Protection (POP) dated 12/11/24 completed by the QP revealed:</p> <ul style="list-style-type: none"> <li>- "What Immediate action will the facility take to ensure the safety of the consumers in your care? Staff in the home unscrewed the window and removed any glass shards that were left behind 12/10/24. [Window company] is replacing the window 12/16/24. The owner hired a maintenance man who will reinforce the bedroom</li> </ul>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-372</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW YORK HOMES RESIDENTIAL CARE CENTER #2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>82 INGLE ROAD</b> <b>ASHEVILLE, NC 28804</b>		
(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 736	<p>Continued From page 11</p> <p>walls, fix any holes and paint on Monday 12/16/24. A replacement door has been purchased and the AFL will ensure it gets put up by 12/13/24. Describe your plans to make sure the above happens. VP of NY Homes will oversee these projects and report back to the QP upon completion of each project."</p> <p>The facility served clients with diagnoses of, but not limited to, autism, anxiety, moderate to severe intellectual developmental disability, attention deficit hyperactivity disorder, oppositional defiant disorder, and intermittent explosive disorder. The AFL provider attempted to open Client #2's bedroom window and it would not open. The window had been screwed shut with 4 screws, one screw on each side of both the bottom and top window sash. Client #2 had kicked his window out in October 2024. Two weeks ago, DSP #3 observed Client #2 carrying the window panel around his room. That same day, DSP #1 screwed the window shut because the window would not close or stay within the frame.</p> <p>This deficiency constitutes a Type A1 rule violation for neglect and must be corrected within 23 days.</p>	V 736		