STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl024-026	A. BUILDING: _____ B. WING _____	R 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOREMONT	11337 JOE BROWN HIGHWAY SOUTH TABOR CITY, NC 28463

(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 January 29, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 768	27G .0304(d)(4) Non-Client Accommodations 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (4) In facilities with overnight accommodations for persons other than clients, such accommodations shall be separate from client bedrooms. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure overnight accommodations for persons other than clients were separate from client bedrooms. The findings are: Review on 1/29/25 of the facility's license revealed a licensed capacity of 6 clients. Observation on 1/29/25 between 10:30am - 11am a tour of the facility revealed:	V 768		

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V 768	Continued From page 1 -6 individual client bedrooms. -Bedroom #5 was occupied by staff #1. Interview on 1/29/25 staff #1 stated: -Staff worked 7 days on and had 7 days off. -She slept in bedroom #5 during her shift. Interview on 1/29/25 staff #2 stated: -Staff worked 7 days on and had 7 days off. -Staff #1 slept in client bedroom #5. Interview on 1/29/25 the Qualified Professional/Executive Director stated: -The facility served 3 clients. -The facility had not been at full capacity in a few years. -The facility had not planned to serve at full capacity due to the location of the facility being located on a busy road.	V 768		