

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/24/2025
NAME OF PROVIDER OR SUPPLIER THE RIVER HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 284 SMOKEFORD ROAD MURPHY, NC 28906		
(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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was attempted on 1/24/25. According to the Director, there are no clients being served at the facility currently. The last client served at the facility was 9/16/24.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The facility is licensed for 6 and has current census of 0.</p> <p>Review on 1/24/25 of Former Client #1's record revealed: -Admission Date: 3/27/18 -Diagnoses: Intellectual Developmental Disability, Moderate; Persistent Depressive Disorder (D/O); Unspecified Disruptive Impulse Control and Conduct D/O; Unspecified Schizophrenia and other Psychotic D/O; Other Unspecified Mental D/O; Obesity, Unspecified; Type 2 Diabetes; Mixed Hyperlipidemia; and Gastroesophageal Reflux D/O. -Discharge Date: 9/16/24.</p> <p>Interview on 1/24/25 with the Director revealed: -the Licensee would be transferring the license to another facility in Hayesville.</p>	V 000		

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

TITLE

(X6) DATE