STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601409	A. BUILDING: _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICE HOME	2537 ARDEN GATE LANE CHARLOTTE, NC 28262

(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 2/5/25. A deficiency was 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 2. The survey sample consisted of audits of 2 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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V 289	Continued From page 1 serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (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). This Rule is not met as evidenced by: Based on record review and interviews, the	V 289		

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V 289	Continued From page 2 facility failed to operate under the scope for which it is licensed. This affected one of one client (#2). The findings are: Review on 2/4/25 of facility's license revealed: - The program code and description: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living Review on 2/4/25 of client #2's record revealed: - Admission date: 5/8/23 - Diagnoses: Major Depressive Disorder, Single Episode, Unspecified; Cerebral Palsy; Severe Intellectual Disabilities; Anorexia; Gastrostomy Status; Constipation, Unspecified; Unspecified Hearing Loss, Unspecified Ear; Disturbances of Salivary Secretion; Dysphagia, Unspecified; Adult Failure to Thrive; Hyperosmolality; Hypernatremia; Unspecified Otitis Externa, Unspecified ear; Unspecified Perforation of Tympanic Membrane, Unspecified Ear; Acute Sinusitis, Unspecified; Abrasion, Unspecified Lower Leg, Initial Encounter; Shortness of Breath; Quadriplegia; and Vitamin D Deficiency - He did not have residential goals in his treatment plan. Attempted interview on 2/4/25 with client #2: - He was unable to answer questions. Interview on 2/5/25 with the Alternative Family Living (AFL) Provider #1 revealed: - Typically, client #2 lived at the facility Monday-Thursday. Then client #2 went to his mother's home on Friday and stayed with her until Monday. - He provided respite services as well as community living and support to client #2. - He did not provide residential services to client #2.	V 289		

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V 289	Continued From page 3 Interviews on 2/4/25 and 2/5/25 with the Qualified Professional #2 revealed: - Client #2 lived in the facility "4-5 nights" per week. - Client #2 received 84 hours a week of community living and support. - The AFL Provider #1 provided respite services to client #2 in the facility. - Client #2 did not receive residential services.	V 289		