Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING MHL064-091 01/31/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 211 SIMBELYN DRIVE SIMBELYN NASHVILLE, NC 27856 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on 1/31/25. A RECEIVED deficiency was cited. FEB 2 4 2025 This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised **DHSR-MH** Licensure Sect Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of 3 current clients. V 105 27G .0201 (A) (1-7) Governing Body Policies V 105 Team Lead will make sure the admission 02/18/2025 process is thoroughly completed according to 10A NCAC 27G .0201 GOVERNING BODY the Admissions Checklist after any new **POLICIES** admission. (a) The governing body responsible for each Team Lead will be rein-serviced on the facility or service shall develop and implement written policies for the following: Admissions Policy by the Director. (1) delegation of management authority for the operation of the facility and services; The Admissions Checklist will be reviewed by (2) criteria for admission; Team Lead and Residential Manager to ensure that admission assessment is completed the (3) criteria for discharge; day of the move in. (4) admission assessments, including: (A) who will perform the assessment; and Team Lead will then check monthly to ensure (B) time frames for completing assessment. that the admission agreement is uploaded and (5) client record management, including: completed. (A) persons authorized to document: (B) transporting records; (C) safeguard of records against loss, tampering. defacement or use by unauthorized persons: (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and

Division of Health Service Regulation

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

Mario Satterthwaite

Team Lead

TITLE

(X6) DATE

02/18/2025

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL064-091	B. WING		01	/31/2025	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY	, STATE, ZIP CODE		.01/2020	
SIMBEL	YN		ELYN DRIV				
(XA) ID	SLIMMARY STA		LE, NC 27		O.T.O.V.		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX			PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	COMPLETE DATE		
V 105	(C) the disposition, in recommendations; (7) quality assurance activities, including: (A) composition and assurance and quality assurance and appropriate including delineation utilization of service (D) professional or of a requirement that approfessionals and professionals and get that area of service; (E) strategies for impure (E) strategies for impure (E) review of staff quality determination made treatment/habilitation (G) review of all fata were being served in residential programmatic professionals and programmatic professionals and programmatic professionals are purpose, "applicable standards purpose, "applicable means a level of conference to the prevented of the pre	e and quality improvement d activities of a quality ity improvement committee; surance and quality nitoring and evaluating the fateness of client care, n of client outcomes and s; elinical supervision, including staff who are not qualified rovide direct client services by a qualified professional in croving client care; alifications and a to grant n privileges: lities of active clients who area-operated or contracted at the time of death; dards that assure operational erformance meeting of practice. For this standards of practice" inpetence established with	V 105				

Division of Health Service Regulation

Division of Health Service Regulation

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	G:	COM	IPLETED	
		MHL064-091	B. WING		01/	31/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
SIMBEL	VN	211 SIMB	ELYN DRIV	Æ			
OIMIDEL		NASHVIL	LE, NC 27	856			
(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 105	Continued From page 2		V 105			02/18/2025	
	This Rule is not me Based on record revialled to adhere to it of 3 audited clients. Review on 1/31/25 classessment policy remarks and contitute admission assessment policy remarks and contitute admission and contitute assessment policy remarks and contitute admission and contitute assessment policy remarks and contitute admission assessment policy remarks and contitute and contitute and contitute assessment policy remarks and contitute and contit	at as evidenced by: view and interview, the facility is admission policy affecting 2 (#2, #5). The findings are: of the facility's admission evealed: ecisions for residential nued stays will be based on esment. The assessment in determining if the individual ervice(s)/support(s) being on, the assessment will to help the agency determine the individual's needs and if ability to respond to the in manner which is likely to l" admitted to [agency] for any will receive and assessment lards related to the screening dividuals according to service lient #2's record revealed: '24 erate Intellectual Disability sessment completed prior to ine if the agency could dual's needs ient #5's record revealed: 20 Intellectual Disability sment that did not have a	V 105			02/18/2025	
	date on it and couldn completed prior to ac						

E12511

Division of Health Service Regulation

AND PLAN OF CORRECTION ID		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 01/31/2025	
		MHL064-091					
NAME OF PROVID	ER OR SUPPLIER	211 SIMB	DRESS, CITY, ELYN DRIV LE, NC 278				
(X4) ID PREFIX TAG R	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPROFICIENCY)			
Interreport - h asset - h the c	rted: ne hadn't been ne was respons ssments ne usually did th lients first day a	the Qualified Professional working at the facility that long ible for completing admission assessments	V 105				

Division of Health Service Regulation

STATE FORM

6899

E12511

If continuation sheet 4 of 4

