STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
					R-0	0
		MHL036-343	B. WING		05/0	8/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DILLEGA	DDUIDE HOUSE	107 WEST	LOUISIANA A	/ENUE		
BLUE SAI	PPHIRE HOUSE	BESSEMER	R CITY, NC 28	016		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	on 5-8-25. The comp	w up survey was completed plaints were unsubstantiated 6 and #NC00228577). A				
		d for the following service 27G .1700 Residential re For Children Or				
	This facility is license consisted of audits of	d for 4. The survey sample 4 current clients.				
V 139	27G .0404 (F-L) Oper Period	rations During Licensed	V 139			
	without advance notic (g) Licenses for facili any clients during the not be renewed. (h) DHSR shall cond 24-hour facilities an a months, to occur no la July 1, 2007. (i) Written requests s a minimum of 30 days changes: (1) Constructio renovation of an exist (2) Increase or program service type (3) Change in p (4) Change in la (j) Written notifi	PERIOD  uct inspections of facilities ce. ities that have not served previous 12 months shall  uct inspections of all average of once every 12 ater than 15 months as of chall be submitted to DHSR is prior to any of the following in of a new facility or any ting facility; decrease in capacity by crogram service; or ocation of facility. fication must be submitted of 30 days prior to any of				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	A. BOILDING.			R-C		
		MHL036-343	B. WING		ı	8/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BLUE SAF	PHIRE HOUSE		LOUISIANA A			
040.15	SHIMMADV ST	ATEMENT OF DEFICIENCIES	R CITY, NC 28	PROVIDER'S PLAN OF CORRECTION	1	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 139	Continued From page	<del>2</del> 1	V 139			
. 193	(1) Change in of change in partnership (2) Change in row (k) When a licenseer discontinue a service, days in advance shall affected clients, and will legally responsible per This notice shall address clients in the facility.  (I) Licenses shall exponsible per This notice shall address in the facility.  (I) Licenses shall exponsible per This notice shall address in the facility.  (I) Licenses shall exponsible per This notice shall address in the facility.  (I) Licenses shall exponsible per This notice shall exponsible per This notice shall address in the facility.  (I) Licenses shall exponsible per This notice shall exponsible per This notice shall address in the facility.  (I) Licenses shall exponsible per This notice shall exponsible per This notice shall exponsible per This notice shall address in the facility.  (I) Licenses shall exponsible per This notice shall exponsible per This notice shall address in the facility.  (I) Licenses shall exponsible per This notice shall exponsible per This notice shall address in the facility.  (I) Licenses shall exponsible per This notice shall exponsible per This notice shall address in the facility.  (I) Licenses shall exponsible per This notice shall exponsible per This notice shall address in the facility.  (I) Licenses shall exponsible per This notice shall address in the facility.  (I) Licenses shall exponsible per This notice shall address in the facility.  (I) Licenses shall exponsible per This notice shall address in the facility.  (I) Licenses shall exponsible per This notice shall address in the facility.  (I) Licenses shall exponsible per This notice shall address in the facility.  (I) Licenses shall exponsible per This notice shall address in the facility.  (I) Licenses shall exponsible per This notice shall address in the facility.  (I) Licenses shall exponsible per This notice shall address in the facility.  (I) Licenses shall exponsible per This notice shall address in the facility.  (I) Licenses shall exponsible per This notice shall address in the facilit	ownership including any o; or name of facility. plans to close a facility or , written notice at least 30 I be provided to DHSR, to all when applicable, to the ersons of all affected clients. ess continuity of services to or unless renewed by al period. Prior to the e, the licensee shall submit g information: ; of any changes in the written notification was  at fire inspection report; tation inspection report, with y/night or periodic service food for which a sanitation				
	facility failed to provid documentation of emo- to the Department of (DHSR). The findings	ews and interviews, the le the required written ergency relocation of clients Health Service Regulations				

Division of Health Service Regulation

STATE FORM 8XCO11 If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL036-343	B. WING		R-C <b>05/08/2025</b>		
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE				
BLUE SA	PPHIRE HOUSE		ST LOUISIANA AVE MER CITY, NC 2801				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 139	revealed: -"In the event the requires immediate in Director plans for per contacting the legal of agency for approval/ Interview on 5-6-25 v -"They had to turn the the younger ones (clisomething in the toilet toilets or turn the wat back on) was fixed the date). We had to lead ay the water was of night and stayed here we always sleep here.  Interview on 5-6-25 v -"We, (clients and state couple of nights until nights. I'm not sure of during spring break. facility) that morning walked around a little church and we helpe went to [CD] house a back here (facility) ar went to the hotel."  Interview on 5-6-25 v -"Yeah, it was fun. Whotel), the bed was refood was good."  Interview on 5-6-25 v -"Someone (unknown we didn't have water)	esidential or day programs elocation, the Executive rsons, which includes guardian and licensing permission."  with client #1 revealed: e water off because some of ients #3 and #4) had put et and we couldn't use the ter on. No, it (toilets/water nat same day (not sure of the eve (the faciliy) that day (the eff) but we came home that e. We slept here that night	V 139				

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STATE FORM 8XCO11 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R-	c
	1 2 1/1/10		8/2025			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BLUE SAI	PPHIRE HOUSE		LOUISIANA A			
	OUR MAN DV OT		R CITY, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 139	Continued From page	3	V 139			
	revealed: -The facility had a set She (CD) and the Ow to relocate the clients until repairs could be -"It (sewage back up) (clients) couldn't stay them to a hotel (4-22-We checked in about and we were checked day (4-23-25) becaus school." -"It was last minute (conthrough the rush of exigirls out and situated and report it."  Interview on 5-8-25 we Professional (QP) reveril think we did everyter."	was really bad. Those girls there with that. So we took 25). It was only one night. 9 (pm) that night (4-22-25) I out by 7:30 (am) the next e the girls (clients) had lients relocation) and just verything, trying to get the we just didn't think to call ith the Owner/Qualified ealed: hing we needed to do ster plan. We just forgot to				

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STATE FORM 8XCO11 If continuation sheet 4 of 4