STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED		
		mhl096-192	B. WING			R 22/2025
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
ASA LIV	ING I	1308 BE	N BREWINGTO	ON DRIVE		
AGA LIV		GOLDSE	BORO, NC 275	30		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
	on May 22, 2025. I This facility is licens category: 10A NCA Living for Adults wit This facility is licens	sed for 4 and currently has a urvey sample consisted of				
V 131	Verification G.S. §131E-256 HE REGISTRY (d2) Before hiring h health care facility of health care facility of Personnel Registry	HCPR - Prior Employment EALTH CARE PERSONNEL The ealth care personnel into a conservice, every employer at a shall access the Health Care and shall note each incident propriate business files.	V 131			
	failed to ensure the Registry (HCPR) w employment affecti Professional (QP). Review on 5/21/25 revealed: -Date of application	view and interview, the facility Health Care Personnel as accessed prior to ng one of one Qualified The findings are: of the QP's personnel record				

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

(X6) DATE TITLE

AND DI AN OF CORRECTION TO TREATMENT AND DI AND DI ANTONIA NI IMPERI		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		mhl096-192	B. WING		l l	R 22/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	·	
ASA LIV	ING I		I BREWINGTO ORO, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE
V 131	Continued From pa	ge 1	V 131			
	prior to hire.					
	stated: -The QP had chang surveyHe did not know if requestedHe thought the QP documents.	5 the Group Home Director ged from the previous annual a HCPR check had been had brought all of her needed				
	monthsShe did not obtain	the QP stated: the facility for several a HCPR check for herself. complete HCPR checks.				
		5 the Licensee stated: f a HCPR had been requested				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As a provider applies to program and any prodevelopmental disast services that is licer Chapter. (b) Requirement A provider licensed unapplicant to fill a position applicant to have an conditioned on conscriminal history recomposition.					

Division of Health Service Regulation STATE FORM

FORM 6899 JO4511 If continuation sheet 2 of 10

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					l F	₹
		mhl096-192	B. WING		1	2/2025
NAME OF I		CTDEET AD		TATE ZID CODE	·	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ASA LIVI	NG I		BREWINGT			
		GOLDSBO	ORO, NC 27	530		
(X4) ID		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
V 133	Continued From pa	ne 2	V 133			
V 100	•		V 100			
		, then the offer of employment				
		onsent to a State and national				
	,	ord check of the applicant. The				
		story record check shall				
		the applicant's fingerprints. If				
		een a resident of this State for then the offer is conditioned				
		ite criminal history record				
		ant. A provider shall not				
		t who refuses to consent to a				
		ord check required by this				
		otherwise provided in this				
		ive business days of making				
		r of employment, a provider				
		est to the Department of				
	Justice under G.S.	114-19.10 to conduct a				
	criminal history reco	ord check required by this				
		mit a request to a private				
		State criminal history record				
		his section. Notwithstanding				
		Department of Justice shall				
		f national criminal history				
		mployment positions not				
	covered by Public L	law 105-277 to the Ith and Human Services,				
	•	Check Unit. Within five				
		ceipt of the national criminal				
		n, the Department of Health				
		es, Criminal Records Check				
		e provider as to whether the				
		d may affect the employability				
		no case shall the results of the				
		story record check be shared				
		roviders shall make available				
		cation that a criminal history				
		mpleted on any staff covered				
		ounty that has adopted an				
		dinance and has access to				
		inal Information data bank				

6899

DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					-	,
	mb1006 102		B. WING		R	
		mhl096-192	D. WINO		05/2	2/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			BREWINGT			
ASA LIVI	NG I					
		GOLDSBi	ORO, NC 27	530		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
IAG	REGOLATOR ON E	SO IDENTIFY THE INTO ORIGINATION,	TAG	DEFICIENCY)	10/11	
V 133	Continued From pa	ge 3	V 133			
		lastic of a second law of Otata				
		half of a provider a State				
		ord check required by this				
		provider having to submit a				
		artment of Justice. In such a				
		all commence with the State				
	criminal history reco	ord check required by this				
	section within five b	usiness days of the				
	conditional offer of	employment by the provider.				
		nformation received by the				
		itial and may not be disclosed,				
		ant as provided in subsection				
	(c) of this section. F					
		n "private entity" means a				
		engaged in conducting				
		ord checks utilizing public				
	records obtained from					
	. ,	oplicant's criminal history				
		ls one or more convictions of				
		the provider shall consider all				
		ors in determining whether to				
	hire the applicant:					
		eriousness of the crime.				
	(2) The date of the					
	. , .	person at the time of the				
	conviction.					
		ces surrounding the				
	commission of the					
		een the criminal conduct of				
		job duties of the position to be				
	filled.					
	(6) The prison, jail,	probation, parole,				
		employment records of the				
		ate the crime was committed.				
		t commission by the person of				
	a relevant offense.	, and parasin or				
		on of a relevant offense alone				
		employment; however, the				
		be considered by the provider.				
	If the provider disqu	ıalifies an applicant after				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MI II TIDI	E CONSTRUCTION	(X3) DATE	SURVEY	
AND DIAN OF CODDECTION INDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. DUILDING.			_
			B. WING		F	
		mhl096-192	b. WING		05/2	2/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ACA I IVI	NC I	1308 BEN	BREWINGT	ON DRIVE		
ASA LIVI	NG I	GOLDSBO	ORO, NC 27	530		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX	•	' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
TAG	REGOLATORTORE	OCIDENTII TING INI CINIMATICIV)	TAG	DEFICIENCY)	MAIL	5,2
V 400	0		\/ 400			
V 133	Continued From pa	ge 4	V 133			
	consideration of the	relevant factors, then the				
		se information contained in				
		record check that is relevant				
		on, but may not provide a copy				
		ry record check to the				
	applicant.	y A provider and an officer				
		ovider that, in good faith,				
		ection shall be immune from				
	civil liability for:	cotton onan bo immane mom				
		e provider to employ an				
		sis of information provided in				
	the criminal history	record check of the individual.				
		an employee's history of				
		the employee's criminal				
		k is requested and received in				
	compliance with this					
		se As used in this section,				
		neans a county, state, or cory of conviction or pending				
		ne, whether a misdemeanor or				
		pon an individual's fitness to				
		for the safety and well-being of				
		ental health, developmental				
	disabilities, or subst	tance abuse services. These				
		criminal offenses set forth in				
		Articles of Chapter 14 of the				
		article 5, Counterfeiting and				
		ubstitutes; Article 5A,				
	0 0	itive and Legislative Officers;				
		Article 7A, Rape and Other le 8, Assaults; Article 10,				
		duction; Article 13, Malicious				
		y Use of Explosive or				
		or Material; Article 14, Burglary				
		eakings; Article 15, Arson and				
		icle 16, Larceny; Article 17,				
		, Embezzlement; Article 19,				
		d Cheats; Article 19A,				

6899

Division of Health Service Regulation

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) MULTIPL	E CONSTRUCTION	(V2) DATE	CLID\/EV
	IT OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	` ′		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
			B WING		F	
		mhl096-192	B. WING		05/2	2/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		1308 BEN	BREWINGT	ON DRIVE		
ASA LIVI	NG I		DRO, NC 27			
(VA) ID	CLIMMADV CTA	TEMENT OF DEFICIENCIES)NI	(VE)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				DEFICIENCY)		
V 133	Continued From pa	ge 5	V 133			
	Obtaining Property	or Services by False or				
		Credit Device or Other Means;				
		al Transaction Card Crime				
		ids; Article 21, Forgery; Article				
		st Public Morality and				
		A, Adult Establishments;				
		on; Article 28, Perjury; Article				
	29, Bribery; Article	31, Misconduct in Public				
	Office; Article 35, O	ffenses Against the Public				
	Peace; Article 36A,	Riots and Civil Disorders;				
	Article 39, Protection	n of Minors; Article 40,				
		ımily; Article 59, Public				
		ticle 60, Computer-Related				
		es also include possession or				
		ation of the North Carolina				
		ces Act, Article 5 of Chapter				
		tatutes, and alcohol-related				
		ale to underage persons in				
		B-302 or driving while n of G.S. 20-138.1 through				
	G.S. 20-138.5.	101 G.S. 20-136.1 tillough				
		shing False Information Any				
		yment who willfully furnishes,				
		se gives false information on				
		olication that is the basis for a				
		ord check under this section				
		Class A1 misdemeanor.				
		oloyment A provider may				
		t conditionally prior to				
		s of a criminal history record				
	check regarding the	applicant if both of the				
	following requireme	nts are met:				
		all not employ an applicant				
		e applicant's consent for				
		ord check as required in				
		is section or the completed				
		required in G.S. 114-19.10.				
		all submit the request for a				
	criminal history reco	ord check not later than five				

6899

AND DI AN OF CORRECTION TO TREATMENT AND DI AN OF CORRECTION TO THE CATION OF THE CATI		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		A. BUILDING			-	,
		mhl096-192	B. WING		05/2	2/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ASA LIV	ING I		BREWINGT DRO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	conditional employr 2001-155, s. 1; 200	ge 6 the individual begins ment. (2000-154, s. 4; l4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)	V 133			
	facility failed to ens check was requeste making the condition	et as evidenced by: view and interviews, the ure the criminal history record ed within five business days of onal offer of employment alified Professional (QP). The				
	revealed: -Date of application -No documented cr	iminal background check e business days of making the				
	stated: -The QP had chang surveyHe did not know if had been requested	5 the Group Home Director ged from the previous annual a criminal background check d. had brought all of her needed				
	monthsShe did not obtain for herself.	5 the QP stated: t the facility for several a criminal background check complete background checks.				

Division of Health Service Regulation

STATE FORM 6899 JO4511 If continuation sheet 7 of 10

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
					F	₹
		mhl096-192	B. WING		1	2/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
404111/	NO.	1308 BEN	BREWINGT	ON DRIVE		
ASA LIVI	NG I	GOLDSB	ORO, NC 27	530		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 7	V 133			
	Interview on 5/22/25 the Licensee stated: -She was not sure if a criminal background had been requested for the QP.					
V 289	27G .5601 Supervis	sed Living - Scope	V 289			
	provides residential home environment these services is the rehabilitation of indifference illness, a development or a substance abustance abustance abustance abustance abustance abustance abustance abustance abustance ality. (b) A supervised livithe facility serves et (1) one or mode (2) two or mode (3) two or mode (4) "A" design serves adults whose illness but may also (2) "B" design serves minors whose developmental disadiagnoses; (3) "C" design serves adults whose developmental disadiagnoses; (4) "D" design serves minors whose serves adults whose developmental disadiagnoses; (4) "D" design serves minors whose serves adults whose developmental disadiagnoses; (4) "D" design serves minors whose serves minor	ng is a 24-hour facility which services to individuals in a where the primary purpose of e care, habilitation or viduals who have a mental ental disability or disabilities, se disorder, and who require the residence. Fing facility shall be licensed if either: ore minor clients; or a dult clients. Into shall not reside in the diving facility shall be specific population as				

Division of Health Service Regulation

DIVISION	of Health Service Re	egulation	1			
	FATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LEIED
					R	
		mhl096-192	B. WING			2/2025
		11111030-132			03/2	ZIZUZU
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
404104	NO.1	1308 BEN	BREWINGT	ON DRIVE		
ASA LIV	ING I	GOLDSBO	DRO, NC 27	530		
(V4) ID	STIMMADY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION)N	(VE)
(X4) ID PREFIX		/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				DEFICIENCY)		
V 289	Continued From pa	ne 8	V 289			
V 200	Continued From pa	ige o	V 200			
	other diagnoses;					
	. ,	nation means a facility which				
		e primary diagnosis is				
		ependency but may also have				
	other diagnoses; or					
		nation means a facility in a				
	•	vhich serves no more than				
		vhose primary diagnoses is				
		nay also have other				
	,	adult clients or three minor				
	clients whose prima					
		ibilities but may also have				
		no live with a family and the				
		service. This facility shall be llowing rules: 10A NCAC 27G				
	•	(4),(5)(A)&(B); (6); (7)				
		H); (8); (11); (13); (15); (16);				
		CAC 27G .0202(a),(d),(g)(1)				
		.0203; 10A NCAC 27G .0205 27G .0207 (b),(c); 10A NCAC				
		10A NCAC 27G .0209[(c)(1) -				
		edications only] (d)(2),(4); (e)				
		; and 10A NCAC 27G .0304				
		acility shall also be known as				
		ring or assisted family living				
	(AFL).	ring or assisted fairling living				
	(Al L).					
	This Rule is not me	et as evidenced bv:				
		views and interview the facility				
		sure scope of Supervised				
		th Mental Illness for 1 of 2				
	current clients (#2).					
		5				
	Review on 5/21/25	of the facility's current license				
		on of Health Service				

Division of Health Service Regulation

STATE FORM 5699 JO4511 If continuation sheet 9 of 10

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	
			A. BUILDING.			,
		mhl096-192	B. WING		05/2	2/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ASA LIV	NG I		BREWINGT			
			ORO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
V 289	Continued From pa	ge 9	V 289			
		revealed the facility was services for adults whose as mental illness.				
	 Date of admission Diagnoses included Disability, moderated and Hypercholester 	ed Intellectual/Developmental e; Legally Blind, Hypertension;				
	stated: - He understood the adults with mental i - The Licensee had client #1 "for years"	been trying to get a waiver for . requesting a waiver for client				
	stated: - She had worked a months She was not awar reside at the facility - She would follow the need for a waive. This deficiency has	up with the licensee regarding				

6899