

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/04/2025
NAME OF PROVIDER OR SUPPLIER RIVERVIEW GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 421 RIVERVIEW DRIVE ASHEVILLE, NC 28806		
(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>A limited follow up survey for the two Type A1s and Type B was completed on June 4, 2025. This was a limited follow up survey, only 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) - Type A1, 10A NCAC 27G .0209 Medication Requirements (V118) - Type A1, 10A NCAC 27G .0209 Medication Requirements (V120 and V123) - Cross Referenced into V118, and 10A NCAC 27E .0101 Least Restrictive Alternative (V513) - Type B were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) - Type A1, 10A NCAC 27G .0209 Medication Requirements (V118) - Type A1, 10A NCAC 27G .0209 Medication Requirements (V120 and V123) - Cross Referenced into V118, and 10A NCAC 27E .0101 Least Restrictive Alternative (V513) - Type B. No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness</p> <p>This facility is licensed for 6 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		

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

TITLE

(X6) DATE