

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/03/2025
NAME OF PROVIDER OR SUPPLIER STEVE AVENT		STREET ADDRESS, CITY, STATE, ZIP CODE 3925 SUNSET AVENUE ROCKY MOUNT, NC 27803		
(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 complaint survey was completed on 7/3/25. The complaint was substantiated (Intake #NC00231264). A deficiency was cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>The facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients, and 1 deceased client.</p>	V 000		
V 784	<p>27G .0304(d)(12) Therapeutic and Habilitative Areas</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</p> <p>(12) The area in which therapeutic and habilitative activities are routinely conducted shall be separate from sleeping area(s).</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the area in which therapeutic and habilitate activities are routinely conducted were separate from sleeping areas affecting 2 of 2 clients (#1 and #2). The findings are:</p> <p>Observation on 7/2/25 at approximately 9:15am revealed:</p> <ul style="list-style-type: none"> - A male (Alternative Family Living (AFL)) 	V 784		

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

TITLE

(X6) DATE

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V 784	<p>Continued From page 1</p> <p>Providers's nephew) was laying under a blanket on the floor in the middle of the facility's living room</p> <ul style="list-style-type: none"> - The AFL Provider needed to lightly kick his nephew three times to wake him up when the Division of Health Service Regulation surveyors entered the facility - The AFL Provider told the his nephew three times to "get up" and "get off the floor" before the his nephew got off of the floor - The AFL Provider's nephew got off the floor and sat on the living room couch <p>Interview on 7/2/25, Client #1 reported:</p> <ul style="list-style-type: none"> - "He (AFL Provider's nephew) stays with [AFL Provider]" - The AFL Provider's nephew slept on the floor in the living room - Was unsure how often the AFL Provider's nephew would stay at the facility <p>Interview on 7/2/25, the Qualified Professional reported:</p> <ul style="list-style-type: none"> - Visited the facility once monthly - Had seen the AFL Provider's nephew at the house when she came to the facility the past few months - The AFL Provider reported to her that it was a nephew who was at the house "from time to time" - She was unaware the nephew had slept on the living room floor at the facility when he visited <p>Interview on 7/2/25 the AFL Provider reported:</p> <ul style="list-style-type: none"> - The male was a nephew that started coming to the facility "occasionally" (a few days a week) about three months ago 	V 784		