

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-441	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/15/2025
NAME OF PROVIDER OR SUPPLIER GREEN COMMUNITY RESPITE		STREET ADDRESS, CITY, STATE, ZIP CODE 61 COMPTON 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>An annual was attempted on July 15, 2025. According to the Chief Operating Officer there are no clients being served at the facility. The last time clients were served at the facility was January 2025.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5100 Community Respite for Individuals of all Disability Groups (Day) and 10A NCAC 27G .5100 Community Respite for Individuals of all Disability Groups (Residential).</p> <p>Review on 7/14/25 of Former Client #1's record revealed: -Age: 13 years old -Date of Admission: 12/30/24 -Date of Discharge: 1/4/25 -Diagnosis: Conduct Disorder Unspecified</p> <p>Review on 7/14/25 of Former Client #2's record revealed: -Age: 16 years old -Date of Admission: 1/14/25 -Date of Discharge: 1/15/25 -Diagnosis: Attention Deficit Hyperactivity Disorder, unspecified type</p> <p>Interview on 7/14/25 with the Chief Operating Officer revealed: -There were no clients being served at this time. -"It has been a while" (since clients had been served). -The Licensee was currently in the process of changing the licensure for that program.</p>	V 000		

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

TITLE

(X6) DATE