

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/09/2025
NAME OF PROVIDER OR SUPPLIER GOWAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1389 LAKE TAHOMA ROAD MARION, NC 28752		
(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 July 9, 2025. The complaint was substantiated (NC#00231691). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 3 and has a current census of 0. The survey sample consisted of audits of 2 former clients.</p>	V 000		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p>	V 289		

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

TITLE

(X6) DATE

Division of Health Service Regulation
STATE FORM

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V 289	<p>Continued From page 2</p> <p>Based on record review and interview, the facility failed to provide the services within the scope of their license affecting 2 of 2 former clients (FC #1 and FC #2). The findings are:</p> <p>Review on 6/25/25 of the Division of Health Service Regulation's facility licensure records revealed:</p> <ul style="list-style-type: none"> -Facility Type: 5600F Supervised Living/Alternative Family Living with a capacity of 3. -Change of Ownership for the license effective 2/12/25 from the former licensee to Shine Support Services Corporation. <p>Review on 6/27/25 of FC #1's record revealed:</p> <ul style="list-style-type: none"> -Date of Admission: 2/12/25. -Date of Discharge: 5/16/25. -Diagnoses: Bipolar Disorder (D/O), unspecified; Major Depressive D/O, recurrent, unspecified; Intermittent Explosive D/O; Intellectual Developmental Disability, Moderate; Attention Deficit Hyperactivity Disorder (ADHD), combined type; and Allergic Rhinitis, unspecified. -Discharge comments: "Guardian of member chose to go with another provider." <p>Review on 6/27/25 of FC #2's record revealed:</p> <ul style="list-style-type: none"> -Date of Admission: 2/12/25. -Date of Discharge: 5/16/25. -Diagnoses: Mood D/O due to physiological condition, unexpected; Disruptive Behavior D/O; and Generalized Idiopathic Epilepsy and Epileptic Syndromes; and Intellectual Developmental Disability, Moderate. -Discharge comments: "Guardian of member chose to go with another provider." <p>Interview on 6/26/25 with the Alternative Family Living Provider (AFL) revealed:</p>	V 289		

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V 289	Continued From page 3 -Had received 2 facility licenses in 2025; 1 from the former licensee in January 2025 and 1 from the current licensee in February 2025. Interview on 6/25/25 and 6/26/25 with the Licensee revealed: -Not providing services within the facility as the legal guardians had removed the clients from their care/services.	V 289			