

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/09/2025
NAME OF PROVIDER OR SUPPLIER HEALY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 121 GLENDALE DRIVE FOREST CITY, NC 28043		
(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. One complaint was substantiated (NC#00231692) and one complaint was unsubstantiated (NC#00232218). 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 1. The survey sample consisted of audits of 1 current client and 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</p>	V 289		

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

TITLE

(X6) DATE

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V 289	Continued From page 1 developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).	V 289		

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V 289	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide the services within the scope of their license affecting 1 of 1 current client (#3) and 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: -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> <p>Review on 6/27/25 of Client #3's record revealed: -Date of Admission: 2/12/25 -Diagnoses: Intellectual Developmental Disability (IDD), Severe; Autistic Disorder (D/O); Attention Deficit Hyperactivity Disorder; Seizures; Scoliosis, Lumbar Region.</p> <p>Review on 6/27/25 of FC #1's record revealed: -Date of Admission: 2/12/25. -Date of Discharge: 5/19/25 -Diagnoses: IDD, Moderate; Obesity; and IDD, Unspecified.</p> <p>Review on 6/27/25 of FC #2's record revealed: -Date of Admission: 2/12/25. -Date of Discharge: 5/16/25. -Diagnoses: Schizophrenia; Paranoid Schizophrenia; Adjustment D/O with mixed disturbance of emotions and conduct; IDD, Moderate; Other secondary Hypertension; and Suicidal Ideation.</p>	V 289		

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V 289	Continued From page 3 Interview on 7/1/25 with the Alternative Family Living Provider revealed: -3 clients in the facility. Interview on 6/26/25 with the Licensee revealed: -Still the Licensee for the facility. -Not providing services within the facility as the legal guardians had removed the clients from their care/services.	V 289		