Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL009-041	B. WING		07/1	6/2025	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	, ,,,,,	0.2020	
BLADEN COUNTY #2 RIVERWOOD 706 WEST SWANZY STREET ELIZABETHTOWN, NC 28337							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	INITIAL COMMENTS					
	An annual survey w 2025. A deficiency	vas completed on July 16, was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.						
		sed for 6 and currently has a urvey sample consisted of clients.					
V 513	27E .0101 Client Ri Alternative	ghts - Least Restrictive	V 513				
	that promote a safe These include: (1) using the appropriate settings (2) promoting skills that are altern self or others; (3) providing meaningful to the c (4) sharing of the client/legally res (b) The use of a reprocedure designed always be accompainsure dignity and reintervention. These (1) using the and	all provide services/supports and respectful environment. least restrictive and most and methods; coping and engagement atives to injurious behavior to choices of activities lients served/supported; and f control over decisions with sponsible person and staff. strictive intervention d to reduce a behavior shall anied by actions designed to espect during and after the					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL009-041			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING			07/16/2025		
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE			
BLADEN	I COUNTY #2 RIVERW	/OOD	Γ SWANZY S' ΓΗΤΟWN, NC				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 513	Continued From pa	ge 1	V 513				
	interviews the facilit restrictive and most methods were used findings are: Observation on 7/15 during the tour of the Two pantry doors he pantry contained a canned goods, etc. Interview on 7/15/25 He did not access -Staff kept the key tended to ask staff. Attempted interview	on, record reviews and ty failed to ensure the least t appropriate settings and d affecting 3 of 3 clients. The 5/25 at approximately 2:25 pm the facility revealed: that a keyed doorknob and the variety of snacks, drinks, 5 client #1 stated: to the pantry or a key. to the pantry. If for food from the pantry. If for client #2 was the looked around the room and					
	Interview on 7/15/29 -The pantry doors a -He did not have ac doors.	5 client #5 stated:					
	she was hiredThe clients would t	5 staff #3 stated: n on the pantry doors since ake food without permission. ess to the key for the food					
	Interview on 7/15/29 -The locks had bee	5 staff #4 stated: n on the pantry doors since					

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Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION (X3) DATE COMP		SURVEY LETED	
		MHL009-041	B. WING		07/1	6/2025	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 706 WEST SWANZY STREET							
BLADEN COUNTY #2 RIVERWOOD ELIZABETHTOWN, NC 28337							
(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 CORRECTI (EACH CORRECTIVE ACTION SHOU) CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETE		
V 513	she was hired"Some of the clien keep them from tak-"Before we had loc client would hoard and any sweets." -"The locks were to too many sweets." -"The locks on the safety." Interview on 7/15/2 (QP) stated: -He was recently hitely him and the safety of the understood that have locks on the particle. The locks would be stated: -She was not award doors.	ts are pre-diabetic, the locks king just snacks for lunch." cks on the pantry doors, one coffee in his room." prevent clients from "eating pantry door are for the clients 5 the Qualified Professional red as the QP. hing in the client's treatment the pantry doors." It it was a client rights issue to pantry.	V 513				

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QXDE11 If continuation sheet 3 of 3