

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL010-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/18/2025
NAME OF PROVIDER OR SUPPLIER WALLBROWN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 949 NORTH SHORE DRIVE SOUTHPORT, NC 28461		
(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 and follow up survey was completed on 7/18/25. 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>This facility is licensed for 3 and has a current census of 1. The survey sample consisted of audits of 1 current client.</p>	V 000		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p>	V 290		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL010-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/18/2025
NAME OF PROVIDER OR SUPPLIER WALLBROWN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 949 NORTH SHORE DRIVE SOUTHPORT, NC 28461		
(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 290	<p>Continued From page 1</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assess a client's capability of remaining in the community without staff supervision affecting 1 of 1 clients (#1). The findings are:</p> <p>Record review on 7/16/25 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 4/1/19 - Diagnoses: Smith Magenis Syndrome, Eczema, Herpes Simplex - No documentation of an unsupervised time assessment <p>Interview on 7/16/25 Client # 1 reported:</p> <ul style="list-style-type: none"> - Went to the local college program 4 days a week without staff supervision 	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL010-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 07/18/2025
NAME OF PROVIDER OR SUPPLIER WALLBROWN HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 949 NORTH SHORE DRIVE SOUTHPORT, NC 28461		
(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 290	<p>Continued From page 2</p> <ul style="list-style-type: none"> - He took "the bus" (public transportation) to go to the college program - The bus came to the facility to pick him up "in front" (of the facility) - The bus dropped him off at the facility in the afternoon - The Alternative Family Living (AFL) Provider or Staff #1 was not with him on the bus or at the college during the day <p>Interview on 7/18/25 the AFL Provider reported:</p> <ul style="list-style-type: none"> - Client #1 had been going to the college program for about a year - There was a public transportation bus that was "contracted with the college" that picked Client #1 up at the facility at 8:30am - The bus would return Client #1 back at the facility in the afternoon at 3:15pm - The bus could have about 15-18 people from the public on it - Client #1 was at the local college from 9am to 2:30pm - He and Staff #1 did not go on the bus or to the college with Client #1 - He did not know what an unsupervised time assessment was <p>Interview on 7/18/25 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - Had been at the facility for 2.5 years - Visited the facility monthly - Was aware that Client #1 went to the college program for about a year - Was "unaware" that Client #1 was using public transportation to get the college program - "It never crossed my mind that he (Client #1) was taking public transportation by himself" - Was "unaware" that Client #1 was at the college program without any staff - Would arrange for Client #1 to be assessed 	V 290			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL010-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 07/18/2025
NAME OF PROVIDER OR SUPPLIER WALLBROWN HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 949 NORTH SHORE DRIVE SOUTHPORT, NC 28461		
(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 290	Continued From page 3 for unsupervised time	V 290			