

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL010-091</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/18/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>WALLBROWN HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>949 NORTH SHORE DRIVE</b> <b>SOUTHPORT, NC 28461</b>		
(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	INITIAL COMMENTS  An annual and follow up survey was completed on 7/18/25. A deficiency was cited.  The facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.  This facility is licensed for 3 and has a current census of 1. The survey sample consisted of audits of 1 current client.	V 000		
V 290	27G .5602 Supervised Living - Staff  10A NCAC 27G .5602 STAFF (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. (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. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (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	V 290		

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MHL & C  
8/8/25

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

2KYD11

If continuation sheet 1 of 4

Division of Health Service Regulation  
STATE FORM

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V 290	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- He took "the bus" (public transportation) to go to the college program</li> <li>- The bus came to the facility to pick him up "in front" (of the facility)</li> <li>- The bus dropped him off at the facility in the afternoon</li> <li>- The Alternative Family Living (AFL) Provider or Staff #1 was not with him on the bus or at the college during the day</li> </ul> <p>Interview on 7/18/25 the AFL Provider reported:</p> <ul style="list-style-type: none"> <li>- Client #1 had been going to the college program for about a year</li> <li>- There was a public transportation bus that was "contracted with the college" that picked Client #1 up at the facility at 8:30am</li> <li>- The bus would return Client #1 back at the facility in the afternoon at 3:15pm</li> <li>- The bus could have about 15-18 people from the public on it</li> <li>- Client #1 was at the local college from 9am to 2:30pm</li> <li>- He and Staff #1 did not go on the bus or to the college with Client #1</li> <li>- He did not know what an unsupervised time assessment was</li> </ul> <p>Interview on 7/18/25 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- Had been at the facility for 2.5 years</li> <li>- Visited the facility monthly</li> <li>- Was aware that Client #1 went to the college program for about a year</li> <li>- Was "unaware" that Client #1 was using public transportation to get the college program</li> <li>- "It never crossed my mind that he (Client #1) was taking public transportation by himself"</li> <li>- Was "unaware" that Client #1 was at the college program without any staff</li> <li>- Would arrange for Client #1 to be assessed</li> </ul>	V 290	<p>Client #1's ISP states that he attends the Brunswick Interagency Program (BIP) at the Brunswick Community College. This program is "a nationally acclaimed initiative dedicated to supporting adults with intellectual and developmental disabilities." Their mission is "to empower students to fully integrate into the campus community, achieve their highest potential, gain independence, actively engage in their communities, and successfully transition into the workforce." In addition, Client #1's ISP states that he receives 1:1 assistance while at the program. Client #1 also rides transportation to and from the program which is provided by BIP. Client #1 receives support during his ride to and from the program by BIP staff.</p> <p>Client #1 does not attend a traditional college program and is supported 1:1 while attending the BIP. Client #1 does not ride public transportation to and from the facility but private transportation provided by BIP where he receives support provided by BIP staff.</p> <p>The AFL Provider and QP, when interviewed, were referring to the BIP when referencing college as BIP is located on the community college campus as BIP's mission is to fully integrate participants into the campus community." The "bus" is actually BIP's transportation where Client #1 is supported and monitored by BIP staff.</p>	8/7/2025

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V 290	Continued From page 3 for unsupervised time	V 290	<p>According to Client #1's ISP, he requires 24 hour supervision. Client #1 does not receive any unsupervised time as it initially appeared to be.</p> <p>The QP has reviewed with the AFL Provider to ensure that when referencing the program Client #1 attends and the transportation he receives to be clear of what actually is occurring so there is no misunderstanding where one perceives that Client #1 does not receive monitoring as indicated in his plan of care.</p>	