

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/24/2025
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NAME OF PROVIDER OR SUPPLIER ADVANTAGE CARE COMMUNITY SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 476 LYNNBANK ROAD HENDERSON, NC 27536
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(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 July 24, 2025. Deficiencies were cited. This facility is licensed for the following service category: This facility is licensed for the following service category 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

Agency Director 8-8-25

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Advantage Care
Plan of Correction
Annual & follow up visit on 7/24/25
476 Lynnbank Rd Henderson, NC, 27536

V. 112 27G. 0205 (C-D)

Our plan to correct this deficient area of practice is to always make sure that the listed client has a 1:1 staff during his awake hours. What we have put in place to ensure that the client will have a 1:1 staff is that our 3rd shift staff will stay at the group home until all other clients have been picked up to go to the day program. This will ensure that even when the listed client's staff is on shift that he will indeed have 1:1 during his awake hours. This will be monitored by [REDACTED] the Director of Operations as often as 3 days a week to ensure that the client is getting 1:1.

V. 117 27G. 0209 (B)

Our plan to correct this deficient area of practice is to communicate with our pharmacy to have the labels for the medications placed on the box of medication that is delivered from the pharmacy. What we have put in place is the check all medication boxes once delivered to ensure that the medication labels are correctly placed on the boxes. They will be monitored monthly by the house manager [REDACTED]

V. 736 27G. .0303 (C)

Our plan to correct this deficient area of practice is to make sure the grass is maintained weekly during the summer months to prevent high grass. The dryer has been replaced at the home to ensure that no clothes will be hung outside of home or inside of the home. All materials in the back yard have been removed and backyard has been clear of debris. The hole in the kitchen ceiling has been fixed. The Hallway walls have been cleaned and paint has been touched up. What we put in place to ensure that we don't have these problems is that the supervisor will turn in a weekly checklist to ensure that grounds of the house are free of debris and that no damages are found in the home. This will be monitored weekly by the house manager [REDACTED] on a weekly basis.

V 774 27G. 0304

Our plan to correct this deficient area of practice is to make sure that all bedrooms are furnished. What we have put in place to prevent the problem from occurring again is that anytime furniture is removed that it will immediately be replaced to ensure that all rooms are furnished. This will be monitored by the house manager [REDACTED] on a as needed basis depending on if any furniture has been disgarded.