

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL059-113</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/25/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRAVES HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>106 ROSE DRIVE NEBO, NC 28761</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	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was attempted on August 25, 2025. According to the Qualified Professional (QP), there are no clients being served at the facility. The last time clients were served at the facility was April 7, 2025.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living (AFL).</p> <p>Review on 8/25/25 of Former Client (FC) #1's record revealed: -Date of Admission: 7/17/21. -Diagnoses: Unspecified Convulsions; Autistic Disorder; Moderate Intellectual Disabilities. -Date of Discharge: 4/7/25.</p> <p>Review on 8/25/25 of FC #2's record revealed: -Date of Admission: 12/1/22. -Diagnoses: Lactose Intolerance; Anxiety Disorder; Moderate Intellectual Disabilities; Autistic Disorder; Trichotillomania. -Date of Discharge: 4/7/25.</p> <p>Interview on 8/25/25 with the AFL Provider revealed: -Clients were discharged in April 2025.</p> <p>Interview on 8/25/25 with the QP revealed: -FC#1 and FC#2 were discharged from the facility in April 2025. -The Licensee had not admitted any other clients into the facility.</p>	V 000		

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

TITLE

(X6) DATE