Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  THE RIVER HOUSE  STREET ADDRESS, CITY, STATE, ZIP CODE  284 SMOKEFORD ROAD MURPHY, NC 28906  (24) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  An annual and followup survey was attempted on 8/26/25. According to the Licensee there are no clients being served at the facility. The last client served at the facility was 9/16/24.  This facility is licensed for the following service category: 10.A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities.  The facility is licensed for 6 and has currently has no clients. An interview on 8/26/25 with the Residential Operations Manager, the last client served was discharged on 9/16/24. The original plan was to transfer the license to another out of town facility.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
THE RIVER HOUSE  284 SMOKEFORD ROAD MURPHY, NC 28906  (X4) ID PREFIX LAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  An annual and followup survey was attempted on 8/26/25. According to the Licensee there are no clients being served at the facility was 9/16/24.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  The facility is licensed for 6 and has currently has no clients. An interview on 8/26/25 with the Residential Operations Manager, the last client served was discharged on 9/16/24. The original plan was to transfer the license to another out of	MHL020-082		B. WING0					
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE