

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL047-153</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/03/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>MAJESTIC ALTERNATIVE SUPERVISED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 CARRIAGE LANE RAEFORD, NC 28376</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 and complaint survey was completed on September 3, 2025. The complaint was unsubstantiated (intake #NC00233265). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current client and 1 former client.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe and attractive manner. The findings are:</p> <p>Observation on 9/3/25 from about 8:30 am to 12:30 pm of the facility revealed: -Smoke detector located at the beginning of the hallway leading to client's bedrooms made the alarm warning noise (chirping sound) indicating that the batteries needed replacing. -Smoke detector located inside Client #1's bedroom made the alarm warning noise (chirping sound) indicating that the batteries needed replacing.</p> <p>Interview on 9/3/25 with Staff #1 revealed:</p>	V 736		

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

TITLE

(X6) DATE

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V 736	Continued From page 1  -He did not know what was wrong with the smoke detectors. he had just changed the batteries and they continued to chirp.  Interview on 9/3/25 with the Manager revealed: -Smoke detectors had their batteries replaced this week and today. -She did not know why they continued to be chirping. -She would have an electrician coming out to the house to check on the smoke detectors the next day. -She acknowledged the facility failed to ensure the smoke detectors were maintained in operating conditions.	V 736		