	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL025-221	B. WING		08/2	R 9/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
BLESSE	D HAVEN		MOUTH DRIV			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	on August 29, 2025 This facility is licens category: 10A NCA Living for Adults wit This facility is licens	w up survey was completed. Deficiencies were cited. ded for the following service C 27G .5600C Supervised h Developmental Disabilities. ded for 3 and currently has a survey sample consisted of clients.				
V 112	10A NCAC 27G .02 TREATMENT/HABI PLAN (c) The plan shall be assessment, and in legally responsible of admission for clie receive services be (d) The plan shall in (1) client outcome(achieved by provision projected date of accept accept accept annually in consultar responsible person (5) basis for evaluation outcome achievement (6) written consent responsible party, or	be developed based on the partnership with the client or person or both, within 30 days ents who are expected to yond 30 days. Include: s) that are anticipated to be on of the service and a chievement; e; eeview of the plan at least attion with the client or legally or both; attion or assessment of	V 112			

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

(X6) DATE TITLE

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7. 55.25.NG.		R	
		MHL025-221	B. WING			9/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BLESSE	D HAVEN		MOUTH DRIV			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	IN, NC 2856	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
V 112	Continued From pa	ge 1	V 112			
	facility failed to devidays of admission of The findings are: Review on 8/28/25 -Admission date of -Diagnoses of bipolasthma, hyperlipide -Admission assess -No treatment plan the facility. Interview on 8/28/2: -She had lived at the She was working of independence. Interview on 8/28/2: -She was aware a treatment of the completed within 30 facilityShe was still gather client #2, as the accomplete independence.	views and interviews the elop a treatment plan within 30 for one of two clients (#2). of client #2's record revealed: 5/20/25. lar disorder, type II diabetes, emia, and adjustment disorder. ment completed 5/20/25 completed since admission to 5 client #2 stated: lee facility since May, 2025.				
V 114	-	ncy Plans and Supplies	V 114			
	10A NCAC 27G .02	207 EMERGENCY PLANS				

DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		MHL025-221	B. WING			9/2025
		WITIL023-221			00/2	9/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		1025 PI Y	MOUTH DRI	VF		
BLESSE	D HAVEN		N, NC 2856			
			114, 140 2000			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION SHOULD		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		DATE
17.0		,	17.0	DEFICIENCY)	•	
V 114	Continued From pa	ige 2	V 114			
	AND SUPPLIES					
	_	all dayolon a written fire plan				
		all develop a written fire plan				
		and shall make a copy of				
	these plans available					
	to the county emergency services agencies upon					
	request. The plans shall include evacuation					
	procedures and routes.					
	(b) The plans shall be made available to all staff					
	and evacuation procedures and routes shall be					
	posted in the					
	facility.					
		er drills in a 24-hour facility				
		st quarterly and shall be				
	repeated for each s					
		ucted under conditions that				
	simulate the facility	's response to fire				
	emergencies.					
	(d) Each facility sha	all have a first aid kit				
	accessible for use.					
	This Rule is not me	et as evidenced by:				
		view and interviews the facility				
		nd disaster drills held at least				
		ated on each shift. The				
	findings are:	nou on outromin. The				
	midnigo di o.					
	Review on 8/28/25	- 8/29/25 of the facility's				
		nd disaster drills for 7/01/24 -				
	6/30/25 revealed:	d disaster drills for 770 1/24 -				
		/25 - 3/31/25); no 2nd or 3rd				
	shift disaster drills					
		/01/25 - 6/30/25); no 3rd shift				
	,	ster drills documented.				
		1/24 - 9/30/24); no 3rd shift fire				
	drill or any disaster					
		01/24 - 12/31/24); no 1st shift				
		second shift disaster drills				
	documented.					

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Interview on 8/28/25 client #1 stated:

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Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL025-221	B. WING		08/2	R 9/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BLESSE	D HAVEN		MOUTH DRIV N, NC 2856			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 3	V 114			
	-He would go to the	group home for 15 years. mailbox if there were a fire. basement if there were a o.				
	Interview on 8/28/25 client #2 stated: -She had lived at the group home since May, 2025She would go to the mailbox if there were a fireShe wasn't sure where she would go in the event of a hurricane or tornado, but she would stay					
	of a hurricane or too away from windows					
	Interview on 8/28/25 staff #1 stated: -He had worked with the group home for awhileFire and disaster drills were completed monthly.					
	Interview on 8/28/29 stated:	5 the Qualified Professional				
	months	ith the group home for 8 rills were completed monthly.				
	Interview on 8/28/28 -Fire and disaster d and rotated to inclue -There were three s drills were schedule (7am - 3pm, 3pmShe would ensure	5 - 8/29/25 the Director stated: rills were completely monthly				
		been cited 4 times since the /22 and must be corrected				
V 131	G.S. 131E-256 (D2 Verification) HCPR - Prior Employment	V 131			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	
		MHL025-221	B. WING		08/2	9/2025
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BLESSE	D HAVEN		MOUTH DRI' N, NC 2856			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 131	REGISTRY (d2) Before hiring h health care facility of health care facility of Personnel Registry	ge 4 EALTH CARE PERSONNEL ealth care personnel into a or service, every employer at a shall access the Health Care and shall note each incident oropriate business files.	V 131			
	failed to complete H Registry (HCPR) ch	et as evidenced by: view and interview the facility Health Care Personnel neck prior to hire for 1 of 3 Fessional)(QP). The findings				
	revealed: -Hire date: 12/26/24 -Position: QP	of the QP's personnel record PR checks dated prior to				
	-She would make s	5 - 8/29/25 the Director stated: ure that she had HCPR eted prior to date of hire.				
	This deficiency con and must be correct	stitutes a re-cited deficiency ted within 30 days.				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	G.S. §122C-80 CRI CHECK REQUIREI	MINAL HISTORY RECORD D FOR CERTAIN				

Division of Health Service Regulation

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PRINTED: 09/15/2025 FORM APPROVED

Division of Health Service Regulation

	IT OF DEFICIENCIES		(VO) MULTIPL	E CONCEDUCTION	(Va) DATE	CLIDVEV
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	PLETED
711012711	or contraction	IDENTIFICATION NO.	A. BUILDING:			
					F	₹
		MHL025-221	B. WING		08/29/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
TW WILL OF T	NOVIDEN ON COLL FIEN		MOUTH DRIN			
BLESSE	D HAVEN		N, NC 2856			
			IN, NC 2050			
(X4) ID		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG	\	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
V 133	Continued From pa	ge 5	V 133			
	ADDI ICANITO FOD					
	APPLICANTS FOR EMPLOYMENT.					
	(a) Definition As used in this section, the term "provider" applies to an area authority/county					
		ovider of mental health, bility, and substance abuse				
	•	nsable under Article 2 of this				
	Chapter.	isable drider Article 2 or tris				
		An offer of employment by a				
	(b) Requirement An offer of employment by a provider licensed under this Chapter to an					
	applicant to fill a position that does not require the					
		n occupational license is				
		sent to a State and national				
		ord check of the applicant. If				
		een a resident of this State for				
		, then the offer of employment				
		onsent to a State and national				
		ord check of the applicant. The				
	national criminal his	story record check shall				
	include a check of t	he applicant's fingerprints. If				
	the applicant has be	een a resident of this State for				
	five years or more,	then the offer is conditioned				
	on consent to a Sta	te criminal history record				
		ant. A provider shall not				
		t who refuses to consent to a				
		ord check required by this				
		otherwise provided in this				
		ve business days of making				
		of employment, a provider				
		est to the Department of				
		114-19.10 to conduct a				
		ord check required by this				
		mit a request to a private State criminal history record				
		his section. Notwithstanding				
		Department of Justice shall				
		national criminal history				
		mployment positions not				
	covered by Public L					
		Ith and Human Services,				

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Division	of Health Service Re	egulation				
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL025-221	B. WING		08/2	R 9/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DI ECCE	D HAVEN	1025 PLYI	MOUTH DRIV	/ E		
BLESSE	D HAVEN	NEW BER	N, NC 2856	2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 6	V 133			
	Criminal Records C business days of rehistory of the perso and Human Service Unit, shall notify the information receive of the applicant. In national criminal his with the provider. Pupon request verific check has been corby this section. A coappropriate local or the Division of Crimmay conduct on be criminal history recesection without the request to the Depacase, the county shoriminal history recesection within five be conditional offer of All criminal history is provider is confident except to the application of the criminal history recesection, the term business regularly ecriminal history received obtained from the following fact hire the applicant: (1) The level and section the date of the condition of the conditional conditions of the conditional criminal history received a relevant offense, of the following fact hire the applicant: (1) The level and section the conditional conditional conditional criminal history received a relevant offense, of the following fact hire the applicant: (1) The level and section the conditional conditional conditional criminal history received a relevant offense, of the following fact hire the applicant: (1) The level and section the conditional criminal history received a relevant offense, of the following fact hire the applicant: (2) The date of the conditional criminal history received and section the conditional criminal history received and the conditional criminal history rece	check Unit. Within five aceipt of the national criminal in, the Department of Health ies, Criminal Records Check is provider as to whether the id may affect the employability ino case shall the results of the story record check be shared roviders shall make available cation that a criminal history impleted on any staff covered ounty that has adopted an idinance and has access to be inal Information data bank thalf of a provider a State ord check required by this provider having to submit a cartment of Justice. In such a call commence with the State ord check required by this included by the employment by the provider. Information received by the intial and may not be disclosed, cant as provided in subsection for purposes of this in "private entity" means a rengaged in conducting ord checks utilizing public ord checks utilizing ord				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:				LETED
					 F	,
İ		MHL025-221	B. WING		1	9/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY. S	STATE, ZIP CODE		
			MOUTH DRI	•		
BLESSE	D HAVEN		N, NC 2856			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 7	V 133			
	(4) The circumstance commission of the commission of the commission of the filled. (5) The nexus between the person and the filled. (6) The prison, jail, rehabilitation, and experson since the day (7) The subsequent a relevant offense. The fact of convictions shall not be a bar to listed factors shall he fit the provider disquence consideration of the provider may disclose the criminal history to the disqualification of the criminal history to the disqualification of the criminal history (1) The failure of the individual on the bath the criminal history (2) Failure to check criminal offenses if history record check compliance with this (e) Relevant Offense relevant offense in federal criminal history that bears under the persons needing mersons needing mer	ces surrounding the crime, if known. een the criminal conduct of job duties of the position to be probation, parole, employment records of the ate the crime was committed. It commission by the person of on of a relevant offense alone of employment; however, the person of the employment actors, then the see information contained in record check that is relevant on, but may not provide a copy orly record check to the expected of the immune from the provider to employ an action shall be immune from the provider to employ an action of the employee's criminal in the cord check of the individual. In employee's criminal in the crime to employee's crime to employee's criminal in the crime to employee's crime to employee'				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	PLETED
					F	5
		MHL025-221	B. WING		1	29/2025
		WITILU23-22 I			00/2	.9/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		1025 PLY	MOUTH DRIV	VE.		
BLESSE	D HAVEN		RN, NC 2856			
0.0.15	CLIMMA DV CTA				ON .	()(5)
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
1/ 400	0 " 15		1/ 400			
V 133	Continued From pa	ge 8	V 133			
	crimes include the	criminal offenses set forth in				
		Articles of Chapter 14 of the				
		Article 5, Counterfeiting and				
		ubstitutes; Article 5A,				
		itive and Legislative Officers;				
		Article 7A, Rape and Other				
		le 8, Assaults; Article 10,				
	· ·	duction; Article 13, Malicious				
	Injury or Damage by Use of Explosive or					
	Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and					
		9 /				
		icle 16, Larceny; Article 17,				
		, Embezzlement; Article 19,				
		d Cheats; Article 19A,				
		or Services by False or				
		Credit Device or Other Means;				
	1	al Transaction Card Crime				
		ids; Article 21, Forgery; Article				
		st Public Morality and				
		A, Adult Establishments;				
		on; Article 28, Perjury; Article				
		31, Misconduct in Public				
		ffenses Against the Public				
	Peace; Article 36A,	Riots and Civil Disorders;				
	· ·	on of Minors; Article 40,				
	Protection of the Fa	amily; Article 59, Public				
	Intoxication; and Ar	ticle 60, Computer-Related				
	Crime. These crime	es also include possession or				
	sale of drugs in viol	ation of the North Carolina				
	Controlled Substan	ces Act, Article 5 of Chapter				
		tatutes, and alcohol-related				
	offenses such as sa	ale to underage persons in				
		B-302 or driving while				
		of G.S. 20-138.1 through				
	G.S. 20-138.5.	3 .				
		shing False Information Any				
		yment who willfully furnishes,				
		se gives false information on				
		olication that is the basis for a				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		MHL025-221	B. WING		08/2	9/2025
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BLESSE	D HAVEN		MOUTH DRIV N, NC 2856			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	criminal history receshall be guilty of a (g) Conditional Empemploy an applicant obtaining the result check regarding the following requirement (1) The provider shippior to obtaining the criminal history recesubsection (b) of the fingerprint cards as (2) The provider shippior cards as (2) The provider shippion conditional history recesusiness days after conditional employr 2001-155, s. 1; 200	ord check under this section Class A1 misdemeanor. Dloyment A provider may t conditionally prior to s of a criminal history record a applicant if both of the	V 133			
	failed to request statchecks within five befor one of three statches are:	views and interview the facility ate criminal back ground susiness days of employment ff (Qualified Professional)(QP).				
	revealed: -Hire date: 12/26/24 -Position: QP -There were no star completed prior to 8	te criminal background checks				

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Director stated:

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STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					R	
		MHL025-221	B. WING		08/2	9/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RI ESSE	D HAVEN	1025 PLY	MOUTH DRIV	/E		
DLLOOL	DIAVEN	NEW BER	RN, NC 2856	2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 10	V 133			
	were required to be business days of er -Moving forward, cr	minal background checks requested within five nployment. iminal background checks d within five business days of				
V 289	289 27G .5601 Supervised Living - Scope		V 289			
	provides residential home environment these services is the rehabilitation of individuals, a developm or a substance abusupervision when in (b) A supervised like the facility serves e (1) one or moderon (2) two or moderon (3) two or moderon	ng is a 24-hour facility which is services to individuals in a where the primary purpose of e care, habilitation or ividuals who have a mental ental disability or disabilities, se disorder, and who require in the residence.				

MHL025-221 NAME OF PROVIDER OR SUPPLIER BLESSED HAVEN STREET ADDRESS, CITY, STATE, ZIP CODE 1025 PLYMOUTH DRIVE NEW BERN, NC 28562 (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMEN [*]	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER BLESSED HAVEN STREET ADDRESS, CITY, STATE, ZIP CODE 1025 PLYMOUTH DRIVE NEW BERN, NC 28562 (X4) ID PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE V 289 Continued From page 11 Serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is STREET ADDRESS, CITY, STATE, ZIP CODE 1025 PLYMOUTH DRIVE NEW BERN, NC 28562 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECT	, 11 D 1 D 11 V	S. SOMESTION	DENTILON TON NOMBER.	A. BUILDING:			
BLESSED HAVEN 1025 PLYMOUTH DRIVE NEW BERN, NC 28562 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 289 Continued From page 11 serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is			MHL025-221	B. WING	B. WING		
NEW BERN, NC 28562 NEW BERN, NC 28562	NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 289 Continued From page 11 serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is	BLESSE) HAVEN					
serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	COMPLETE
other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0209(c)(1)-non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure one of two clients (#2) met	V 289	serves minors whos substance abuse do other diagnoses; (5) "E" design serves adults whos substance abuse do other diagnoses; or (6) "F" design private residence, withree adult clients with mental illness but midisabilities, or three clients whose primal developmental disa other disabilities which family provides the exempt from the folio201 (a)(1),(2),(3), (A),(B),(E),(F),(G),(18) and (b); 10A NCAC 27G (a),(b); 10A	se primary diagnosis is ependency but may also have nation means a facility which e primary diagnosis is ependency but may also have nation means a facility in a which serves no more than whose primary diagnoses is nay also have other adult clients or three minor ary diagnoses is ibilities but may also have no live with a family and the service. This facility shall be llowing rules: 10A NCAC 27G (4),(5)(A)&(B); (6); (7) H); (8); (11); (13); (15); (16); CAC 27G .0202(a),(d),(g)(1) .0203; 10A NCAC 27G .0205 (27G .0207 (b),(c); 10A NCAC 10A NCAC 27G .0209[(c)(1) - edications only] (d)(2),(4); (e) y; and 10A NCAC 27G .0304 acility shall also be known as ving or assisted family living et as evidenced by: views and interviews the	V 289	DEFICIENCY)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
AND I LAN OF CONNECTION			A. BUILDING:						
		MHL025-221	B. WING		R 08/29/2025				
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE						
BLESSED HAVEN 1025 PLYMOUTH DRIVE NEW BERN, NC 28562									
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC 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 289	Continued From page 12		V 289						
	Review on 8/28/25 of Division of Health Service Regulation records revealed the facility was licensed for clients with a primary diagnosis of a Developmental Disability. Review on 8/28/25 of client #2's record revealed: -Admission date of 5/20/25 -Diagnoses of bipolar disorder, type II diabetes, asthma, hyperlipidemia, and adjustment disorder -Admission assessment completed 5/20/25 -No diagnosis of developmental disability Interview on 8/28/25 client #2 stated: -She had move to the facility since May, 2025She had no concerns living at the facility and enjoyed the environment.								
	-She felt that client to ensure that her c complete. -She would seek to	5 - 8/29/25 the Director stated: #2 required additional testing diagnoses were accurate and get client #2 another ddress the concerns.							
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736						
	EXTERIOR REQUI (c) Each facility and maintained in a saf	803 LOCATION AND IREMENTS If its grounds shall be e, clean, attractive and orderly e kept free from offensive							
		ions and interview the facility I in a clean, attractive and							
	Observation of the	facility on 8/28/25 at							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED						
		MHL025-221	B. WING		F							
NAME OF PROVIDER OR O	IDDI IED		B. WING		00/2	08/29/2025						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1025 PLYMOUTH DRIVE												
BLESSED HAVEN NEW BERN, NC 28562												
PREFIX (EACH DE	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE						
approximate -Bathroom # the handle w -There was extending a -Bathroom # bathroom w on toilet sea -There were vanity in bat -The caulk e bathtub/sho the right sid tubThe toilet p -Client #1's 6" in diamet popcorn cei from the cei Interview on -She would	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 approximately 12:00pm revealed: -Bathroom #1 had water leaking from the top of the handle when turned to the on positionThere was a brown stain approximately 24" x 12" extending around the bathroom ventBathroom #1 had a 12" x 12" stain near the bathroom window, and a nickel sized fecal stain on toilet seatThere were no light bulbs in light fixture over vanity in bathroom #1The caulk extending around the perimeter of the bathtub/shower was deteriorated and stained on the right side and missing on the left side of the		V 736									

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