STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL092-424	B. WING		09/1	7/2025
NAME OF PROVIDER OR SUPPLIER STREET AD			DRESS, CITY, S	STATE, ZIP CODE		
ELMHUR	ELMHURST RIDGE COURT HOME 4800 ELMHURST RIDGE COURT RALEIGH, NC 27616					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
V 000	INITIAL COMMENT	-S	V 000			
	An annual survey w deficiency was cited	ras completed on 9/17/25. A d.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disability.				
		sed for 3 and has a current arvey sample consisted of clients.				
V 107	27G .0202 (A-E) Pe	ersonnel Requirements	V 107			
	which: (1) specifies the competency, work of qualifications for the (2) specifies the the position; (3) is signed by supervisor; and	Il have a written job lirector and each staff position e minimum level of education, experience and other e position; e duties and responsibilities of y the staff member and the				
	(b) All facilities sha each staff member provides care or se the facility: (1) is at least 1 (2) is able to re follow directions;	in the staff member's file. Il ensure that the director, or any other person who rvices to clients on behalf of 8 years of age; ead, write, understand and minimum level of education,				
	competency, work equalifications for the (4) has no sub	experience, skills and other e position; and stantiated findings of abuse or e North Carolina Health Care				

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

TITLE (X6) DATE

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		SURVEY PLETED
		MHL092-424	B. WING		09/	17/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ELMHUF	RST RIDGE COURT H	OME	IHURST RID I, NC 27616	GE COURT		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
V 107	(c) All facilities or sapplicants for emplicants for emplicants for emplicants for emplicant decision regarding upon the offense in which the applicant (d) Staff of a facilit currently licensed, accordance with appropriate provided. (e) A file shall be nemployed indicating other qualifications	services shall require that all oyment disclose any criminal pact of this information on a employment shall be based relationship to the job for	V 107			
	Based on record refailed to ensure 1 of had a job description personnel file with affecting 1 of 2 part. The findings are: Review on 9/16/25 revealed: Date of hire: 2/ No job description interview on 9/17/2 Worked as the	tion				

Division of Health Service Regulation

STATE FORM 6899 0C0811 If continuation sheet 2 of 5

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-424	B. WING		09/1	7/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ELMHUR	ST RIDGE COURT H	OME	HURST RID , NC 27616	GE COURT		
(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 107	Continued From pa	ge 2	V 107			
	the job description in the point in her pers	hy a signed job description onnel file				
		5 the Licensee reported: ent company handled all for the QP				
	revealed: - Job description dated by the Licens - "Job title: A Provider" - "Alternative Far Independent Contra as of September 1s Licensee - Employee perforsigned and dated b with the following in - "Program: A	mily Living Provider actor Agreement "entered into st 2019" and signed by the ormance evaluation form y the Licensee on 11/28/23 formation:				
	paperwork for the fa- Was told by and management comp "grandfathered in" v company took over facility was "grandfa 5600C - Would not elab member was - All the other face	thy the managment company's acility revealed AFL other staff member from the pany that the facility was when the current management in 2018 but did not know if the athered in" as an AFL or orate on who the other staff cilities contracted with the pany were AFLs so that is what				

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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		
		MHL092-424	B. WING		09/1	7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ELMHUF	ELMHURST RIDGE COURT HOME 4800 ELMHURST RIDGE COURT RALEIGH, NC 27616					
(VA) ID	STIMMADV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTI		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 107	Continued From pa	ge 3	V 107			
	management comp The paperwork because the facility agency" because the the clinical supervise manager to oversee The Vice Presid (VPGR) for the mar completed the conte was responsible for as an AFL with the Interview on 9/18/29 management comp "My understand "that is off of my me Did not have ar because the licensi all contracts and ha Interview on 9/18/19 the management comp and not an AFL In 2018 the curra management comp they were contracte so it "may have become management comp and not an AFL The Licensee " license" and wanted company) listed as her license" which i with AFLs not 56000 The company to	for the facility revealed AFL "functions as an AFL with our he Licensee reported directly to for and did not use a program he facility staff dent of Government Relations hagement company had ract with the Licensee and he the facility being contracted management company To the VPGR for the hany reported: hing is that it is an AFL" but he bear the paperwork To the Licensing Specialist for he paperwork To the License and he paperwork To				
		acts which "probably" led to AFL instead of 5600C				

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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	
		MHL092-424	B. WING		09/	17/2025
	PROVIDER OR SUPPLIER	OME 4800 ELM	DRESS, CITY, 8 HURST RID , NC 27616	STATE, ZIP CODE GE COURT		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 107	Interview on 9/16/2 - The current may not the prior manage with 5600C's so the AFL and that's how - "They (facility so (clients) like they are	5 the Licensee reported: Inagement company bought Igement company in 2018 and Igement company did not work Is facility was "lumped up as an It's been" Itaff) have treated them Iter supposed to (5600C) but Itement company) system" the	V 107			

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