

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-210	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/12/2026
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NAME OF PROVIDER OR SUPPLIER SUFFOLK HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 131 SUFFOLK CIRCLE JACKSONVILLE, NC 28546
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(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>INITIAL COMMENTS</p> <p>A complaint survey was completed on January 12, 2026. The complaints were substantiated (intake #NC00235060, NC00234976 and NC00235144). A deficiency was cited.</p> <p>This facility is licensed for the following service category 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 1 current clients.</p>	V 000		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have</p>	V 291		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 291	<p>Continued From page 1</p> <p>activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination between the facility operator and the professionals responsible for the client's treatment affecting 1 of 1 audited client (#1). The findings are:</p> <p>Review on 01/08/26 of client #1's record revealed: - Admission date of 12/30/19. - Diagnoses of Moderate Intellectual Developmental Disability, Seizure Disorder, Vagal Nerve Stimulator (VNS) placement and Schizophrenia. - No documentation client #1's Care Manager was notified of the placement of a VNS on 10/08/25.</p> <p>Review on 01/08/26 of client #1's Individual Support Plan (ISP) dated 02/01/25 revealed: - "How Best to Support Me During a Crisis:...Always inform my Care Manager [Care Manager Name] within 24 hours of any incidents at [phone number]. Provide an incident report when needed."</p> <p>Review on 01/08/26 of an "After Visit Summary" for client #1 from a local hospital revealed: - Date of outpatient surgery: 10/08/25. - Procedure: VNS implementation 10/08/25.</p>	V 291		

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V 291	<p>Continued From page 2</p> <p>Review on 01/08/26 client #1 stated she had a history of seizures.</p> <p>Interview on 01/08/26, 01/09/26 and 01/12/26 the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> - The Care Manager was notified by email of client #1's VNS surgery on 10/08/25. - She was not able to retrieve the email which documented the Care Manager was notified of client #1's 10/08/25 VNS surgery. - The Care Manager should be notified of surgeries. <p>Interview on 01/08/26 the Care Manager stated:</p> <ul style="list-style-type: none"> - She had worked with client #1 for several months. - Client #1 had a VNS placed on 10/08/25. - She was not notified of client #1's VNS placement on 10/08/25. - She checked her emails and no one from the facility notified her of the VNS placement for client #1 on 10/08/25. <p>Interview on 01/08/26, 01/09/26 and 01/12/26 the Residential Manager stated:</p> <ul style="list-style-type: none"> - The QP had sent an email to client #1's Care Manager regarding the VNS placement on 10/08/25. - The email to the Care Manager from 10/08/25 was not able to be retrieved. - The Care Manger should be notified of client #1's surgeries. 	V 291		