

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-167	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/16/2026
NAME OF PROVIDER OR SUPPLIER KOODY HEALTH CARE SERVICES, INC 4		STREET ADDRESS, CITY, STATE, ZIP CODE 2709 GARY ROAD ROCKY MOUNT, NC 27803		
(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	INITIAL COMMENTS An annual and follow up survey was completed on 1/16/26. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The facility is licensed for 5 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 768	27G .0304(d)(4) Non-Client Accommodations 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (4) In facilities with overnight accommodations for persons other than clients, such accommodations shall be separate from client bedrooms. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure overnight accommodations for persons other than clients, were separate from client bedrooms. The findings are: Observation on 1/16/26 at 10:40 am revealed: - Small room adjacent to the living room with a mattress that was leaning against the wall - The room also had multiple unknown items stacked high in the corner and covered with a quilted blanket	V 768		

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

TITLE

(X6) DATE

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V 768	Continued From page 1 - An empty bedroom intended for client accommodation with minimal furnishings that included a bed, bedside table, dresser and bedding Interview on 1/16/26 staff#1 reported: - He worked shifts at the facility that included overnight sleep shifts - He slept in the empty client bedroom Interview on 1/16/26 the Qualified Professional reported: - Staff slept in the empty client bedroom - Administrator was working on converting the small room adjacent to the living room into the staff bedroom Interview on 1/16/26 the Administrator reported: - She was still working on converting the small room adjacent to the living room into the staff bedroom - According to Division of Health Service Regulation (DHSR) Construction, the room could be converted to the staff bedroom with renovations - Still working with landlord and DHSR Construction to get renovations completed This deficiency has been cited 3 times since the original cite on 3/27/24 and must be corrected within 30 days.	V 768			