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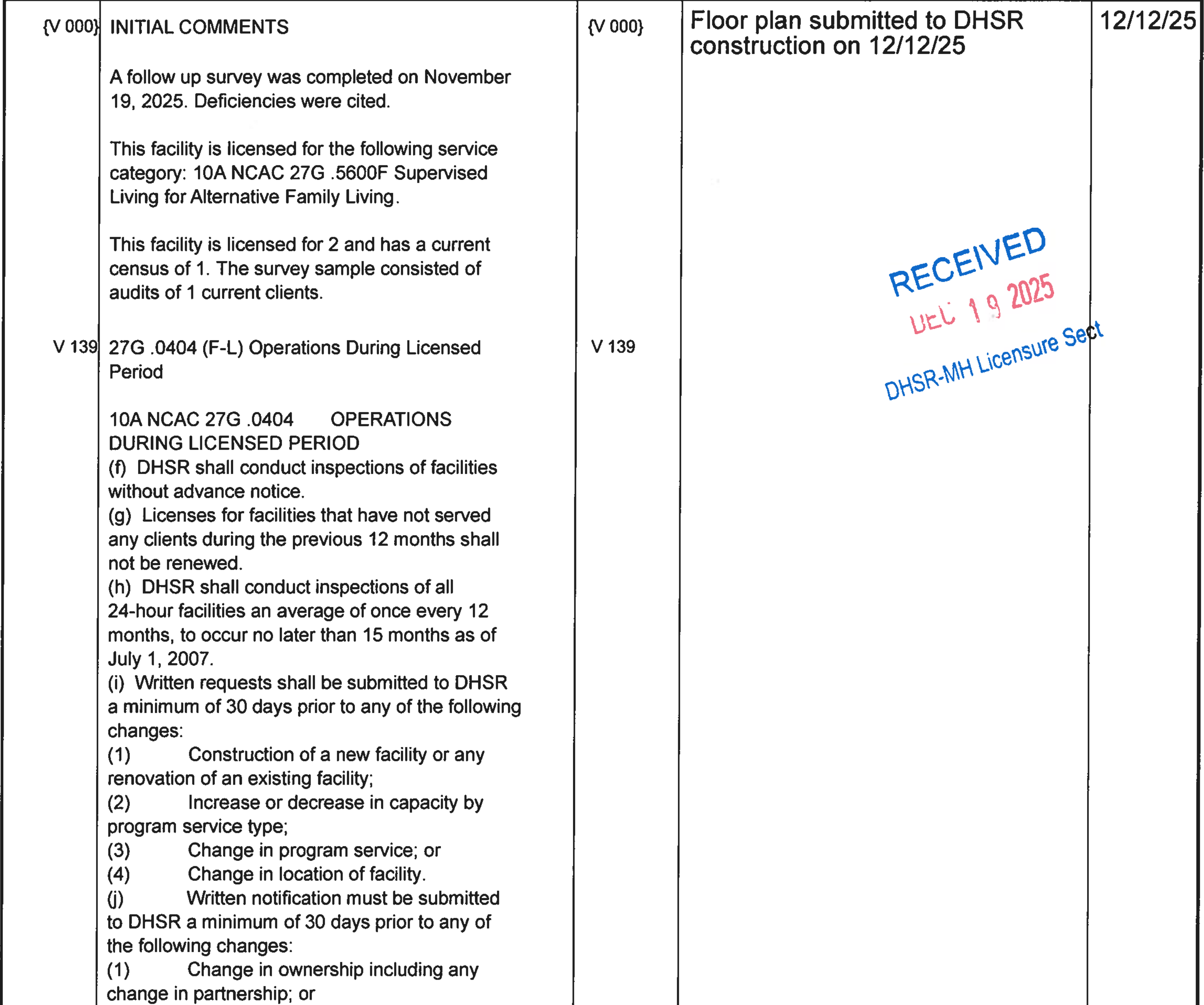
PRINTED: 11/25/2025
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL059-114	A. BUILDING: ______ B. WING ______	R 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAMONA TAYLOR HOME	53 RED VIEW DRIVE MARION, NC 28752



(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 A follow up survey was completed on November 19, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 2 and has a current census of 1. The survey sample consisted of audits of 1 current clients.	{V 000}	Floor plan submitted to DHSR construction on 12/12/25 RECEIVED DEC 19 2025 DHSR-MH Licensure Sect	12/12/25
V 139	27G .0404 (F-L) Operations During Licensed Period 10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD (f) DHSR shall conduct inspections of facilities without advance notice. (g) Licenses for facilities that have not served any clients during the previous 12 months shall not be renewed. (h) DHSR shall conduct inspections of all 24-hour facilities an average of once every 12 months, to occur no later than 15 months as of July 1, 2007. (i) Written requests shall be submitted to DHSR a minimum of 30 days prior to any of the following changes: (1) Construction of a new facility or any renovation of an existing facility; (2) Increase or decrease in capacity by program service type; (3) Change in program service; or (4) Change in location of facility. (j) Written notification must be submitted to DHSR a minimum of 30 days prior to any of the following changes: (1) Change in ownership including any change in partnership; or	V 139		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Colleen Hahn, Executive Director

TITLE

(X6) DATE: 12/12/25

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V 139	Continued From page 1 (2) Change in name of facility. (k) When a licensee plans to close a facility or discontinue a service, written notice at least 30 days in advance shall be provided to DHSR, to all affected clients, and when applicable, to the legally responsible persons of all affected clients. This notice shall address continuity of services to clients in the facility. (l) Licenses shall expire unless renewed by DHSR for an additional period. Prior to the expiration of a license, the licensee shall submit to DHSR the following information: (1) Annual Fee; (2) Description of any changes in the facility since the last written notification was submitted; (3) Local current fire inspection report; (4) Annual sanitation inspection report, with the exception of a day/night or periodic service that does not handle food for which a sanitation inspection report is not required; and (5) The names of individuals who are owner, partners or shareholders holding an ownership or controlling interest of 5% or more of the applicant entity. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to submit in writing to the Division of Health Service Regulation (DHSR) a request for renovation of an existing facility. The findings are: Review on 9/10/25 of Client #1's record revealed: -Date of admission: 10/1/23. -Age: 12 years old.	V 139		

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V 139	Continued From page 2 -Diagnoses: Autism Spectrum Disorder with accompanying Language Impairment, Attention Deficit Hyperactivity Disorder, Intellectual Developmental Disability, Pica, Nonverbal. Observation and interview with the Alternative Family Living provider on 11/19/25 at approximately 9:30 am revealed: -Client #1's bedroom was moved downstair. -The room was previously a den. -The room contained bedroom furniture including but not limited to a twin sized bed and chest of drawers. -The room had an egress window. -The room had glass paned French doors with curtains that closed the room. -She had spent $1000 to turn the room into a bedroom. Interview on 11/19/25 with the Qualified Professional (QP) revealed: -Client #1's bedroom had been moved downstairs. Interview on 11/19/25 with the DHSR construction division revealed: -Was not aware of having received notification of facility changes. -A change of floorplan or alteration of the home should be submitted for a project such as moving a bedroom. -There were several factors to take into consideration when moving a bedroom such as egress window and smoke detectors. Interview on 11/19/25 with the Quality Manager revealed: -The QP and Clinical Director had made construction aware. -Was not aware if it had been in writing or not.	V 139		

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V 139	Continued From page 3 Interview on 11/19/25 with the Services Coordinator revealed: -It had been submitted regarding the non-ambulatory status of the home. -DHSR construction was aware of the changes but we were unaware of having to submit the floor plan changes in writing.	V 139		