

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601422</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/24/2026</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE THOMPSON HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1509 BRAY DRIVE CHARLOTTE, NC 28214</b>
--	---

(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on February 24, 2026. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients and 1 deceased client.</p>	V 000		
V 289	<p><b>27G .5601 Supervised Living - Scope</b></p> <p><b>10A NCAC 27G .5601 SCOPE</b></p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which</p>	V 289		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601422</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/24/2026</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE THOMPSON HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1509 BRAY DRIVE CHARLOTTE, NC 28214</b>
--	---

(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 289	<p>Continued From page 1</p> <p>serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(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)&amp;(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 .0208 (b),(e); 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).</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601422</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/24/2026</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE THOMPSON HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1509 BRAY DRIVE CHARLOTTE, NC 28214</b>
--	---

(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 289	<p>Continued From page 2</p> <p>failed to provide services to clients in a homelike environment affecting 2 of 2 clients (Clients #1 and #2). The findings are:</p> <p>Review on 2/23/26 and 2/24/26 of Client #1's record revealed: -Date of Admission: 2/1/23. -Diagnoses: Autism Spectrum with Accompanying Intellectual Impairment, Severe Intellectual Developmental Disability, Anxiety Disorder.</p> <p>Attempted interview on 2/23/26 with Client #1 was unsuccessful as Client #1 did not respond verbally.</p> <p>Review on 2/23/26 and 2/24/26 of Client #2's record revealed: -Date of Admission: 9/5/23. -Diagnoses: Oppositional Defiant Disorder, Moderate Intellectual Developmental Disability, Autism, Lennox-Gastaut Syndrome, History of Constipation.</p> <p>Attempted interview on 2/23/26 with Client #2 was unsuccessful as Client #2 did not respond verbally.</p> <p>Interviews on 2/23/26 and 2/24/26 with the Alternative Family Living Provider #2 revealed: -Clients #1 and 2 ate some meals in their bedrooms. -Need to provide constant supervision at mealtime to both Clients #1 and #2. This level of supervision was provided when the clients ate meals in their bedroom.</p> <p>Interviews on 2/23/26 and 2/24/26 with the Alternative Family Living Provider #2 revealed: -Clients #1 and #2 are sometimes fed their meals in their bedrooms. At other times, Clients #1 and</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601422</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/24/2026</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>THE THOMPSON HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1509 BRAY DRIVE CHARLOTTE, NC 28214</b>
--	---

(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 289	<p>Continued From page 3</p> <p>#2 are fed their meals at a table in the living room.</p> <p>-Recently purchased a large dining room table which will be used at mealtime to feed Clients #1 and #2 their meals.</p> <p>-Need to provide constant supervision at mealtime to both Clients #1 and #2. This level of supervision was provided when the clients ate meals in their bedroom.</p> <p>Interview on 2/24/26 with the Qualified Professional revealed:</p> <p>-Observed Clients #1 and #2 eating meals in their bedrooms at times, and other times observed them eating meals in the living room.</p> <p>-Moving forward, will work with AFL Providers #1 and #2 to ensure all meals are provided in the dining room at the table.</p> <p>Interview on 2/24/26 with the Director of Programs revealed:</p> <p>-Meals should not be served to clients in their bedrooms.</p> <p>-All meals should be served at a table in the dining room.</p>	V 289		