

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/11/2026
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NAME OF PROVIDER OR SUPPLIER THE RISIN'	STREET ADDRESS, CITY, STATE, ZIP CODE 201 HAMPTON CHURCH ROAD MURPHY, NC 28906
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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>An annual and follow up survey was completed on March 11, 2026. 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 5 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility and its grounds were not maintained in a safe and orderly manner. The findings are:</p> <p>Observation on 3/10/26 at 3:41pm of the interior of the facility revealed: -Bathroom #1's shower and bathtub water handle off and not operational. -Bathroom #1 with an an approximately 1 foot by 1 foot section of wall pushed in. -Bathroom #1 with an approximately 4 inches in diameter fist size hole in the wall. -Client #2's bedroom with two approximately 4 inches in diameter fist size holes in the wall covered by tape.</p> <p>Interview on 3/10/26 with Client #2 revealed: -Punched the 2 holes in his bedroom wall.</p>	V 736		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 736	<p>Continued From page 1</p> <p>-Was upset and hit the wall in the main floor bathroom.</p> <p>-"Get a little frustrated sometimes" and hits the walls in the facility.</p> <p>-He was trying to hit the punching bag instead of hitting the walls in the facility, "punching bag helps me not hit the walls, just hit the bag."</p> <p>-He was using bathroom #2 on the main floor of the facility for showers since the water nob on bathroom #1 was off and not working.</p> <p>Interview on 3/10/26 with Staff #1 revealed:</p> <p>-Bathroom #1's shower and bathtub water handle has been off and not operational "for a couple weeks."</p> <p>-Client #2 punch a hole in the wall in bathroom #1 and pushed the wall in.</p> <p>-Client #2 punched 2 holes in his bedroom wall.</p> <p>-"The Residential Operations Manager (ROM) is trying to find someone to come out and fix it (bathroom #1 shower water knob, bathroom #1's wall repairs and Client #2's holes in bedroom wall)."</p> <p>Interview on 3/11/26 with the Residential Operations Manager revealed:</p> <p>-Staff "try to encourage (Client #2) punching bag rather than hitting walls or breaking knobs of shower (in facility)."</p> <p>-The facility does not have an assigned maintenance personnel for repairs and he has "to reach out to somebody to get it fixed (bathroom #1 shower water knob, bathroom #1's wall repairs and Client #2's holes in bedroom wall)."</p> <p>-"Anticipate getting all items (bathroom #1 shower water knob, bathroom #1's wall repairs and Client #2's holes in bedroom wall) fixed within the month."</p>	V 736		