

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/26/2026
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NAME OF PROVIDER OR SUPPLIER NATURALLY RIGHT AT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 129 JETTER ROAD GROVER, NC 28073
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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 May 26, 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 2 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure at least 1 staff member who was trained in First Aid and Cardiopulmonary Resuscitation (CPR) was available at all times when a client was present for 1 of 2 audited staff (Alternative Family Living (AFL) Provider #1). The findings are:</p> <p>Review on 5/22/26 of AFL Provider #1's record revealed: -Date of Hire: 5/24/19. -Job Title: AFL Provider. - Certificate dated 5/22/26 online "available for skills session within 90 days." -Previous certificate with an expiration date of December 2025.</p> <p>Interview on 5/22/26 with AFL Provider #1 revealed: -Completed the online portion of First Aid/CPR last night and will complete the in person "soon". -The Qualified Professional/Director of Operations (QP/DO) was responsible for ensuring training was up to date.</p> <p>Interview on 5/26/26 with the QP/DO revealed: -Was currently out of the office and the office</p>	V 108		

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V 108	Continued From page 2 manager didn't have access to personnel documentation that hadn't been filed yet. -AFL Provider #1 was up to date on her First Aid/CPR. -The certificate was in her office, but the office manager didn't have access. -The new certificate had not been filed in AFL Provider #1's personnel file.	V 108		