Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
	MHL098-167		B. WING			R 07/19/2022		
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
WILSON COUNTY GROUP HOME #4 1502 PINEVIEW AVENUE WILSON, NC 27893								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFI REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE		
V 000	V 000 INITIAL COMMENTS		V 000					
		w up survey was completed deficiency was cited.						
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.						
		sed for 6 and currently has a urvey sample consisted of clients.						
V 290	27G .5602 Supervis	sed Living - Staff	V 290					
	numbers specified in of this Rule shall be enable staff to responeeds. (b) A minimum of compresent at all times premises, except whabilitation plan doccapable of remaining without supervision as needed but not let the client continues the home or commissecified periods of (c) Staff shall be profollowing client-staff child or adolescent (1) children of abuse disorders short of one staff present clients present. Hopresent during slee	in Paragraphs (b), (c) and (d) e determined by the facility to cond to individualized client one staff member shall be when any adult client is on the hen the client's treatment or cuments that the client is ing in the home or community. The plan shall be reviewed ess than annually to ensure to be capable of remaining in unity without supervision for itime. The seent in a facility in the fratios when more than one client is present: In a facility in the seent in a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present.						

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.		F	2	
		MHL098-167	B. WING			9/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
WILSON COUNTY GROUP HOME #4 1502 PINEVIEW AVENUE WILSON, NC 27893							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 290	(2) children of developmental disas one staff present for present and two star more clients present duspecified by the endetermined by the endeter	or adolescents with abilities shall be served with or every one to three clients aff present for every four or nt. However, only one staff uring sleeping hours if aergency back-up procedures governing body. The serve clients whose primary nce abuse dependency: ne staff member who is on d in alcohol and other drug ms and symptoms of ations to alcohol and other drug these of a certified substance nall be available on an	V 290				
	facility failed to ass having unsupervise community without audited clients (#3) Review on 7/15/22 -34 year old female -Admitted on 2/9/09 -Diagnoses of Type Hyperlipidemia, Ga Depressive Disorded Disability/Intellectual Moderate -No evidence of a communication of the communicatio	view and interviews, the ess the client's capability of ed time in the home or staff supervision for 1 of 3. The findings are: of client #3's record revealed:					

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		A. BUILDING.		F	,	
	MHL098-167	B. WING			9/2022	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
WILSON COUNTY GROUP HOME #4 1502 PINEVIEW AVENUE WILSON, NC 27893						
PREFIX (EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
dated 10/19/21 reve-"What (Short Range develop skills needed towards independent money management money she needs to overspending on held no more than 2 verb modeling from staff year." -"How (Support/Intersafety issues prior to or attending a comm [Client #3] as to whe minutes to two hours unsupervised time." Interview on 7/15/22 -She lived at the hor-She had unsupervised the local-She also had unsupervised time." Interview on 7/15/22 stated: -Client #3 had 2 hour community and 1 hours towards.	of client #3's treatment plan caled: e Goal) [Client #3] will country to increase progress at living. [Client #3 will learn at skills by knowing how much to spend weekly to avoid ar wants before her needs with the plan prompts, role play, and/or weekly throughout the plan arvention)Staff will review to [Client #3] shopping alone munity activity. Staff will direct the to meet at the end of 30 is alone when she uses her all shopping store. Seed time "an hour or so" when all shopping store. Pervised time in the home. The Qualified Professional curs of unsupervised time in the pur of unsupervised time in the nanual assessment for client ime. It for completing	V 290				

6899

Division of Health Service Regulation STATE FORM