

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/19/2024
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NAME OF PROVIDER OR SUPPLIER OXFORD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 605 NORTH COUNTRY CLUB DRIVE OXFORD, NC 27565
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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
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V 000	<p>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type A1 was completed on March 19, 2024. This was a limited follow up survey, only 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512), 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0202 Personnel Requirements (V108), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) and GS 122C-62. Additional Rights in 24-Hour Facilities (V364) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512), 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0202 Personnel Requirements (V108), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) and GS 122C-62. Additional Rights in 24-Hour Facilities (V364). No deficiencies were 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>The facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 1 former client.</p>	V 000		
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Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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