STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G248	A. BUILDING _____ B. WING _____	R 11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLINGSWOOD GROUP HOME	**214 HOLLINGSWOOD DRIVE STATESVILLE, NC 28677**

(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) COMPLETION DATE
{W 104}	GOVERNING BODY CFR(s): 483.410(a)(1) The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the governing body and management failed to exercise general policy and operating direction over the facility by failing to ensure routine repairs and maintenance at the group home were completed in a timely manner. The finding is: Observations throughout the 9/10-11/24 survey revealed damage inside the group home to include a broken bathroom sink, multiple areas of wall damage, and broken dining room chairs. Continued observations revealed client #4 to sit in a chair missing an arm rest during the dinner meal on 9/10/24. Review of the facilities maintenance records on 9/11/24 revealed no current work orders relative to the bathroom sink, wall damage, and dining room chairs. Interview with the home manager on 9/10/24 revealed the damages have been reported and they are waiting for the repairs to be made. Interview with qualified intellectual disabilities professional (QIDP) on 9/11/24 revealed they were aware of the repairs needed in the home and confirmed they have not been addressed.	{W 104}		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.