	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:		R		
		MHL040-021	.040-021 B. WING			/12/2025	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S				
EDWARD	OS GROUP HOME #2		T MAIN STREE RTON, NC 285				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENT	ſS	V 000				
		w up survey was completed 25. Defencies were cited.					
		sed for the following service AC 27G .5600A Supervised h Mental Illness.					
		sed for 6 and currently has a urvey sample consisted of clients.					
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114				
	AND SUPPLIES (a) Each facility sha and a disaster plan these plans availab to the county emerge request. The plans procedures and rou (b) The plans shall and evacuation pro posted in the facility. (c) Fire and disaster shall be held at lease repeated for each s Drills shall be condu- simulate the facility emergencies.	gency services agencies upon shall include evacuation ites. be made available to all staff cedures and routes shall be er drills in a 24-hour facility st quarterly and shall be shift. ucted under conditions that					
ision of H	ealth Service Regulation						

	of Health Service Re					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL040-021	B. WING		R 02/12/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, SI	TATE, ZIP CODE		
			T MAIN STREE			
EDWARI	DS GROUP HOME #2		RTON, NC 285			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
V 114	Continued From pa	ge 1	V 114			
	interviews the facilit disaster drills were repeated for each s	view, observation and ty failed to ensure fire and held at least quarterly and shift. The findings are:				
	Review on 2/11/25 of the facility's fire and disaster drills revealed: -No documentation of fire or disaster drills held during the first quarter (January 2024-March 2024). -No documentation of fire or disaster drills held during the second quarter (April 2024-June 2024).					
	-No documentation	of fire or disaster drills held arter (July 2024-September				
	onsite visit exit cont -The Licensee/Qua asked the House M disaster drills. -The House Manag	terview on 2/11/25 during an ference revealed: lified Professional (L/QP) lanager if he had held fire and ler responded that he had not				
	held fire and disaste	ne House Manager again if he er drills. Jer confirmed that he had not				
	Interview on 2/11/2 -"We don't do fire a					
vision of L	Interview on 2/11/2 -Clients completed ealth Service Regulation	5 client #4 stated: fire drills but not disaster drills				

Division	of Health Service Re	egulation	r			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL040-021	B. WING		R 02/12/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		408 EAS1	MAIN STRE	ET		
EDWARI	DS GROUP HOME #2	HOOKER	TON, NC 285	538		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 114	Continued From pa	ige 2	V 114			
	-Clients went outsic	de for fire drills.				
	Intonviow on 2/11/2	5 with the House Manager				
	stated:	5 with the House Manager				
		y staff at the facility.				
	-There was only on					
	-He completed fire clients.	drills once a month with the				
		e not completed at the facility.				
		,				
		5 with the L/QP stated:				
	-Fire and disaster d	Irills were completed monthly.				
	-The L/QP was mad	de aware of the deficiency on				
	2/11/25 and on 2/12	2/25 she provided additional				
		re and disaster drills held				
	monuniy from Janua	ary 2024-September 2024.				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	G.S. §122C-80 CR	IMINAL HISTORY RECORD				
	CHECK REQUIRE	D FOR CERTAIN				
	APPLICANTS FOR	_				
		used in this section, the term o an area authority/county				
		rovider of mental health,				
		bility, and substance abuse				
		nsable under Article 2 of this				
	Chapter. (b) Requirement -	An offer of employment by a				
		nder this Chapter to an				
		sition that does not require the				
		n occupational license is				
		sent to a State and national ord check of the applicant. If				
		een a resident of this State for				
	less than five years	, then the offer of employment				
		onsent to a State and national				
	criminal history reco	ord check of the applicant. The				

Division of Healt	h Service Re	egulation				
STATEMENT OF DEF AND PLAN OF CORR		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
MHL040-021		MHL040-021	B. WING			R 12/2025
NAME OF PROVIDER	OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
		408 EAS	T MAIN STREE	ET		
EDWARDS GROU	JP HOME #2	HOOKER	RTON, NC 285	38		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((X5)
		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
V 133 Continu	ued From pa	ige 3	V 133			
nationa	l criminal his	story record check shall				
		the applicant's fingerprints. If				
		een a resident of this State for				
		then the offer is conditioned				
		ate criminal history record				
		ant. A provider shall not				
		it who refuses to consent to a				
		ord check required by this				
		otherwise provided in this				
subsec	tion, within f	ive business days of making				
the cor	ditional offe	r of employment, a provider				
		est to the Department of				
		114-19.10 to conduct a				
		ord check required by this				
		mit a request to a private				
		State criminal history record				
		his section. Notwithstanding				
		Department of Justice shall				
		f national criminal history				
		mployment positions not				
		aw 105-277 to the				
		Ith and Human Services,				
		Check Unit. Within five				
		ceipt of the national criminal n, the Department of Health				
		es, Criminal Records Check				
		e provider as to whether the				
		d may affect the employability				
		no case shall the results of the				
		story record check be shared				
		roviders shall make available				
		cation that a criminal history				
		mpleted on any staff covered				
		ounty that has adopted an				
		dinance and has access to				
the Div	ision of Crim	inal Information data bank				
may co	nduct on be	half of a provider a State				
		ord check required by this				
section	without the	provider having to submit a				
1						

If continuation sheet 4 of 12

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		MHL040-021	B. WING		R 02/12/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EDWARI	DS GROUP HOME #2		MAIN STRE			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF CORRECT		(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
V 133	Continued From pa	ge 4	V 133			
	case, the county sh criminal history reco section within five b conditional offer of of All criminal history in provider is confident except to the applic (c) of this section. F subsection, the term business regularly of criminal history reco records obtained fro (c) Action If an apprecord check revea a relevant offense, f of the following fact hire the applicant: (1) The level and set (2) The date of the p conviction. (4) The circumstant commission of the of (5) The nexus betw the person and the filled. (6) The prison, jail, rehabilitation, and e person since the da (7) The subsequent a relevant offense. The fact of convictions shall not be a bar to listed factors shall b If the provider disquiconsideration of the provider may disclo	employment by the provider. Information received by the tial and may not be disclosed, ant as provided in subsection for purposes of this In "private entity" means a engaged in conducting prd checks utilizing public om a State agency. uplicant's criminal history Is one or more convictions of the provider shall consider all ors in determining whether to eriousness of the crime. crime. berson at the time of the ces surrounding the crime, if known. een the criminal conduct of job duties of the position to be				

	of Health Service Re				()(0) 5 : = =	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL040-021	B. WING		R 02/12/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	DS GROUP HOME #2	408 EAST	MAIN STRE	ET		
		HOOKER	TON, NC 285	538		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 5	V 133			
	of the criminal histo applicant. (d) Limited Immunit or employee of a pr complies with this s civil liability for: (1) The failure of the individual on the ba the criminal history (2) Failure to check criminal offenses if history record check compliance with this (e) Relevant Offense" n federal criminal hist indictment of a crimi felony, that bears up have responsibility of persons needing modisabilities, or subst crimes include the of any of the following General Statutes: A Issuing Monetary S Endangering Execut Article 6, Homicide; Sex Offenses; Artic Kidnapping and Abo Injury or Damage bo Incendiary Device of and Other Housebr Other Burnings; Arti Robbery; Article 18, False Pretenses an Obtaining Property Fraudulent Use of O	on, but may not provide a copy ry record check to the y A provider and an officer ovider that, in good faith, ection shall be immune from e provider to employ an sis of information provided in record check of the individual. an employee's history of the employee's criminal k is requested and received in s section. e As used in this section, neans a county, state, or ory of conviction or pending ie, whether a misdemeanor or pon an individual's fitness to for the safety and well-being of ental health, developmental tance abuse services. These criminal offenses set forth in Articles of Chapter 14 of the article 5, Counterfeiting and ubstitutes; Article 5A, tive and Legislative Officers; Article 7A, Rape and Other le 8, Assaults; Article 10, duction; Article 13, Malicious y Use of Explosive or or Material; Article 14, Burglary eakings; Article 15, Arson and icle 16, Larceny; Article 17, , Embezzlement; Article 19, d Cheats; Article 19A, or Services by False or Credit Device or Other Means; al Transaction Card Crime				

If continuation sheet 6 of 12

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			
		MHL040-021	B. WING			R 1 2/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
FDWARI	DS GROUP HOME #2		MAIN STRE			
		HOOKER	TON, NC 285	38		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pa	ge 6	V 133			
	26, Offenses Agains Decency; Article 26, Article 27, Prostituti 29, Bribery; Article 35, O Peace; Article 35, O Peace; Article 36A, Article 39, Protectio Protection of the Fa Intoxication; and Art Crime. These crime sale of drugs in viol Controlled Substand 90 of the General S offenses such as sa violation of G.S. 188 impaired in violation G.S. 20-138.5. (f) Penalty for Furnis applicant for employ supplies, or otherwi an employment app criminal history reco shall be guilty of a C (g) Conditional Emp employ an applicant obtaining the results check regarding the following requireme (1) The provider sha prior to obtaining the criminal history reco subsection (b) of the fingerprint cards as (2) The provider sha criminal history reco business days after conditional employment	ids; Article 21, Forgery; Article st Public Morality and A, Adult Establishments; on; Article 28, Perjury; Article 31, Misconduct in Public ffenses Against the Public Riots and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related es also include possession or ation of the North Carolina ces Act, Article 5 of Chapter tatutes, and alcohol-related ale to underage persons in B-302 or driving while of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, se gives false information on objection that is the basis for a ord check under this section Class A1 misdemeanor. oloyment A provider may t conditionally prior to s of a criminal history record e applicant if both of the onts are met: all not employ an applicant e applicant's consent for ord check as required in is section or the completed required in G.S. 114-19.10. all submit the request for a ord check not later than five the individual begins nent. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h);				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING: _	A. BUILDING:		R	
		MHL040-021	B. WING			12/2025	
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST				
DWARD	OS GROUP HOME #2		T MAIN STREE RTON, NC 285				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 133	Continued From page	ge 7	V 133				
	2005-4, ss. 1, 2, 3, 4	4, 5(a); 2007-444, s. 3.)					
	facility failed to required to history check within	et as evidenced by: s and record review, the lest the required criminal 5 business days for 1 of 1 aff (House Manager). The					
	record revealed: -Date of Hire: 3/15/2	ational criminal record check					
	stated: -He lived in North C being hired at the fa	o with the House Manager arolina a few months prior to acilty. not completed as a part of his					
	Professional stated: -Human Resources completion of the cr -"I assumed that hu	was responsible for the iminal background checks.					
V 513	27E .0101 Client Ri Alternative	ghts - Least Restrictive	V 513				
	10A NCAC 27E .01 ALTERNATIVE	01 LEAST RESTRICTIVE					

Division	of Health Service Re	equlation			FURI	IAPPROVE
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL040-021	B. WING			R 12/2025
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
		408 EAS	T MAIN STREE	ET		
EDWARI	DS GROUP HOME #2	HOOKEF	RTON, NC 285	38		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 513	Continued From pa	ige 8	V 513			
	that promote a safe These include: (1) using the appropriate settings (2) promoting skills that are altern self or others; (3) providing meaningful to the c (4) sharing of the client/legally res (b) The use of a re procedure designed always be accompa- insure dignity and r intervention. These (1) using the and	g coping and engagement natives to injurious behavior to choices of activities lients served/supported; and f control over decisions with sponsible person and staff. estrictive intervention d to reduce a behavior shall anied by actions designed to espect during and after the				
	interviews the facili restrictive and mos methods were used findings are: Observation on 2/1 am revealed: -There was a key lo door where foods w -There was a key lo	eviews, observation and ty failed to ensure the least t appropriate settings and d affecting 5 of 5 clients. The 1/25 at approximately 10:00 ock doorknob on the pantry vere kept. ock doorknob on the staff here was a refrigerator and				

Division of Health Service Regulation STATE FORM

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED R
		MHL040-021	B. WING			12/2025
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
EDWARI	DS GROUP HOME #2		T MAIN STREE RTON, NC 285			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 513	Continued From pa	ge 9	V 513			
	pantry and the staff	er used a key to unlock the office with the refrigerator. cessible to the clients.				
	office.	5 client #2 stated: key to the pantry door or staff House Manager if he wanted				
	-He had to ask the into the pantry for for	d "but could use some more." House Manager to get access				
	Interview on 2/11/2 -The pantry door wa -He did not have a -He had to ask the	as kept locked.				
	-The pantry door ar the refrigerator stay -The clients did not -Clients had to ask -He would distribute requested.	e snacks to clients when ad tried to break into the food				
	Professional stated -The food was lock previous client that -The clients had to snack.	5 the Licensee/Qualified : ed up because there was a had a history of stealing food. ask the House Manager for a nave a snack whenever they				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COM	PLETED
		MHL040-021	B. WING		R 02/12/2025	
IAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
		408 EAS	T MAIN STREI	ET		
DWARL	DS GROUP HOME #2	HOOKER	RTON, NC 285	38		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	10A NCAC 27G .03 EXTERIOR REQU	03 LOCATION AND REMENTS				
	(c) Each facility and	l its grounds shall be				
		e, clean, attractive and orderly e kept free from offensive				
	was not maintained	on and interviews, the facility in a clean, attractive and				
	orderly manner, an odor. The findings a	d kept free from offensive are:				
	am to 10:25 am rev					
	door and was hang broken and would r	creen was not affixed to the ing and the pull handle was not open the door and there sigarette butts scattered on the				
	-The back porch ha criss cross railing i -The faucet at the k	nd broken wood pieces on the n one of nine areas. titchen sink was loose and				
	approximately 1 foo bedroom door fram	here was a crack on the wall ot long above client #1's e.				
	vinyl plank flooring approximately 1 foo	by client #1 and client #4 had strip missing under the sink ot long. drawer missing in his dresser				
	and two cracks app the wall between th frames.	proximately 8 inches long on e bathroom and closet door				
	area on the closet of	m had a crack in the top left loor approximately one foot ht bulb cover on the ceiling				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED	
		MHL040-021	B. WING			R 02/12/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE			
DWAR	DS GROUP HOME #2		MAIN STREE				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET	
V 736	Continued From pa	ge 11	V 736				
	stopper would not s -Client #2's bedroor missing paint appro- the bed. -Client #5's bathroo covers above the si the bottom half of th the toilet. -There was a foul o Interview on 2/11/28 -He was unsure wh the bathroom. Interview on 2/11/28 -He was not sure w sink. -He notified the Lice (L/QP) of the maint -The L/QP would se the facility to fix the Interview on 2/11/28 -The House Manag non-emergency ma -The House Manag person" if he could maintenance issues	m wall had three areas of eximately one foot long beside on was missing 1 of 3 light ink and had brown build up on ne wall to the right and back of dor throughout the facility. 5 client #2 stated: at was wrong with the sink in 5 the House Manager stated: hat happened to the kitchen ensee/Qualified Professional enance issues. and a maintenance worker to maintenance issues. 5 the L/QP stated: er would contact her for intenance issues. er would contact the "repair not reach her or for urgent s. stitutes a re-cited deficiency					