

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-164</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/25/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CABARRUS COUNTY GROUP HOME 5</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>106 SOUTH FRANKLIN STREET CHINA GROVE, NC 28023</b>		
(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was attempted on 2/25/25. According to the Qualified Professional, there are no clients being served at the facility. The last time clients were served at the facility was 5/14/24.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>Interview on 2/25/25 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- On 5/14/24, a tree fell on the facility which necessitated an emergency placement of the clients to other locations which included sister facilities</li> <li>- All clients remained in their emergency placements as of 2/25/25</li> <li>- She could not provide any information as to when the clients would be able to return to the facility</li> </ul> <p>Review on 2/25/25 of the a Emergency Relocation Form (ERF) completed by an Administrative Assistant/Billing Analyst for the agency which oversaw the operation of the facility revealed:</p> <ul style="list-style-type: none"> <li>- On 5/14/24, the clients from the facility had to be moved due to a storm which "caused a tree to fall on back side of group home."</li> <li>- There was a power outage at the facility with "...rain continuously raining in the group home."</li> <li>- Although, the expected date of return of clients to the facility was documented as "to be determined," the agency did not plan to submit a change of location application based on the information listed on the ERF</li> </ul>	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE