STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				R	
	MHL026-619	B. WING		03/	14/2025
PROVIDER OR SUPPLIER					
ACRES GROUP HOM					
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
INITIAL COMMEN	TS	V 000			
category: 10A NCA	AC 27G .5600C Supervised				
census of five. The	e survey sample consisted of				
27G .0207 Emerge	ency Plans and Supplies	V 114			
AND SUPPLIES (a) Each facility sha and a disaster plan these plans availab to the county emery request. The plans procedures and rou (b) The plans shall	all develop a written fire plan and shall make a copy of ole gency services agencies upon shall include evacuation utes. be made available to all staff				
posted in the facility. (c) Fire and disaste shall be held at lea repeated for each s Drills shall be cond simulate the facility	er drills in a 24-hour facility st quarterly and shall be shift. ucted under conditions that				
(d) Each facility sha					
	OF CORRECTION PROVIDER OR SUPPLIER ACRES GROUP HOM SUMMARY STA (EACH DEFICIENC) REGULATORY OR L INITIAL COMMENT An annual and follo on March 14, 2025 The facility is licens category: 10A NCA Living for Adults wi This facility is licen census of five. The audits of three curr 27G .0207 Emerge 10A NCAC 27G .02 AND SUPPLIES (a) Each facility sha and a disaster plan these plans availab to the county emer 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 lear repeated for each s Drills shall be cond simulate the facility sha and a condition of the conduction of the county emer 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 lear repeated for each s Drills shall be cond simulate the facility sha	OF CORRECTION IDENTIFICATION NUMBER: MHL026-619 MHL026-619 PROVIDER OR SUPPLIER STREET A ACRES GROUP HOME 611 COL FAYETT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and follow up survey was completed on March 14, 2025. Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for six and has a current census of five. The survey sample consisted of audits of three current clients. 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL026-619 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG INITIAL COMMENTS V 000 An annual and follow up survey was completed on March 14, 2025. Deficiencies were cited. V 000 The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. V 114 This facility is licensed for six and has a current census of five. The survey sample consisted of audits of three current clients. V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES Fore and chalal be not evacuation procedures and routes shall be post	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL026-619 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX PROVIDER'S PLAN OF (EACH DEFICIENCY MUST EP PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX INITIAL COMMENTS V 000 An annual and follow up survey was completed on March 14, 2025. Deficiencies were cited. PROVIDER'S CONSTRUCTIVE AC CROSS-REFERENCED TO DEFICIENC The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. V 104 This facility is licensed for six and has a current census of five. The survey sample consisted of audits of three current clients. V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES <td< td=""><td>OF CORRECTION DENTIFICATION NUMBER: A. BUILDING: COM MHL026-619 B. WING 03/ PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 611 COUNTRY CLUB DRIVE FAYETTEVILLE, NC 23301 PROVIDER'S PLAN OF CORRECTION (EACH OPEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) IP PROVIDER'S PLAN OF CORRECTION (EACH OPEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) IP PROVIDER'S PLAN OF CORRECTION (EACH OPRECENCE DT THE PROPORPIATE DEFICIENCY) INITIAL COMMENTS V 000 V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on March 14, 2025. Deficiencies were cited. 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UFGC11

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		MHL026-619	B. WING			R 14/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
	ACRES GROUP HOM		ITRY CLUB D			
			VILLE, NC 28			(1.1-)
(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	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 114	Continued From pa	ge 1	V 114			
	facility failed to ens	et as evidenced by: view and interviews, the ure fire and disaster drills were y on each shift. The findings				
	from February 2024 -There was no docu conducted for the 4 November and Dec -There was no docu conducted for the 3 September) of 2024 -There was no docu	umentation fire drills were st quarter (January, February				
	from January 2024 -There was no docu conducted for the 4 November and Dec -There was no docu conducted for the 3 September) of 2024 -There was no docu conducted for the 2 of 2024 for 2nd shift -There was no docu conducted for the 1	umentation disaster drills were and quarter (April, May, June)				
	revealed:	v on 3/14/25 with client #2 ne statement said by the				
	Attempted interview revealed:	v on 3/14/25 with client #3				

STATE FORM

UFGC11

If continuation sheet 2 of 5

		CALL CALL CALL CALL CALL CALL CALL CALL	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL026-619	B. WING			R 14/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
	ACRES GROUP HOM	611 COUI	NTRY CLUB D	RIVE		
SUNN 17	ACKES GROUP HOMI	FAYETTE	VILLE, NC 28	3301		
(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 ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 114	Continued From pa	ge 2	V 114			
	-She would repeat surveyor.	the statement said by the				
V 736	revealed: -The shifts for the c second shift 4pm-1 for the weekday. -The weekend shift 8am-8pm and 8pm -Staff were to comp their shift. -He confirmed the f and disaster drills q	5 with the Group Home Irills were first shift 8am-4pm, 2am and third shift 12am-8am s were 12-hour shifts of -8am. Dete a drill each month during facility failed to conduct fire quarterly on each shift.	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall b odor. This Rule is not me	I its grounds shall be e, clean, attractive and orderly e kept free from offensive et as evidenced by:				
		on and interview, the facility I in a safe, clean and attractive Igs are:				
	11:50am revealed:	4/25 at approximately loor entrance was stained.				
	-The attic door insu the opening.	lation was hanging out around were hanging around the attic				
		the wall of the washer and				

UFGC11

If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· /	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL026-619	B. WING			R 14/2025
IAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
	ACRES GROUP HOM		NTRY CLUB D			
		FAYETTE	EVILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLE DATE
V 736	Continued From pa	ige 3	V 736			
	Manager revealed: -Clients were response rooms. -Staff were to assist areas clean. -Acknowledged the cleaning.	5 with the Group Home onsible for maintaining their at clients with keeping common home needed a spring stitutes a re-cited deficiency ated within 30 days.				
V 752	27G .0304(b)(4) Ho	ot Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physic visitors. (4) In areas of exposed to hot wat	304 FACILITY DESIGN AND acility shall be designed, pupped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the atained between 100-116 t.				
	failed to ensure the	ion and interview, the facility temperature of the hot water tween 100-116 degrees				
	of the facility's hot v -The hallway bathro 120 degrees.	4/25 approximately 11:50am water temperature revealed: bom water temperature was vater temperature was 118				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	ING:			
		MHL026-619	B. WING			R 14/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
	CRES GROUP HOM		JNTRY CLUB D				
		FAYEII	EVILLE, NC 28				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 752	Continued From pa	age 4	V 752				
	revealed: -He adjusted the te temperature was in -He would ensure t	5 with the House Manager emperature and thought the the range. he water temperature was 110-116 degrees Fahrenheit.					

UFGC11