

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL048003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/21/2025
--	--	--	--

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

HYDE COUNTY GROUP HOME

**9400 PINEY WOODS ROAD
FAIRFIELD, NC 27826**

(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 INITIAL COMMENTS

An annual and follow up survey was completed on 5/21/25. A deficiency was cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.

This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 5 current clients.

V 000

V 774 27G .0304(d)(7) Minimum Furnishings

10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT

(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:

(7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.

V 774

This Rule is not met as evidenced by:
Based on observation and interview, the facility failed to ensure minimum furnishings for client bedrooms that included a bed, bedding, pillow, bedside table, and storage for personal belongings. The findings are:

Observation on 5/20/25 at approximately

RECEIVED

JUN 04 2025

DHSR-MH Licensure Sect

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

8QZF11

If continuation sheet 1 of 2

Zhedee Tyler

Director

5/29/25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL048003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/21/2025
NAME OF PROVIDER OR SUPPLIER HYDE COUNTY GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 9400 PINEY WOODS ROAD FAIRFIELD, NC 27826		
(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 774	<p>Continued From page 1</p> <p>11:29am revealed:</p> <ul style="list-style-type: none"> - An unoccupied client bedroom with no bed, bedside table or storage for personal belongings - The bedroom contained the following: <ul style="list-style-type: none"> - A 13 inch tube television on the floor with a remote control and a cable box sat on top - A wooden rocking chair with 3 standard sized bed pillows stacked in the chair seat <p>Interview on 5/20/25 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - The unoccupied bedroom had been empty since their last client discharge in July of 2024 - When that client moved out, they had a need for furniture at another facility and took the furniture from that bedroom - They were planning another admission and they were going to replace the furniture once they determined a move-in date for the admitting client <p>Interview on 5/21/25 the Director reported:</p> <ul style="list-style-type: none"> - The furniture that was previously in the unoccupied bedroom needed to be replaced - When the client in that bedroom discharged, they removed the furniture - The facility had a potential admission and were waiting to see if a twin sized bed or a full size bed would be needed for that client before they furnished the bedroom 	V 774	<p>The unoccupied bedroom will be furnished with the required furniture by 6/30/25</p> <p>All rooms shall maintain required furniture as inspected supervisors, monthly.</p>	