STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL098-167	B. WING		06/0	₹ 5/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WILSON	COUNTY GROUP HO	MF #4	EVIEW AVE N NC 27893	NW		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
	on June 5, 2025. D This facility is licens category: 10A NCA	w up survey was completed deficiencies were cited. sed for the following service AC 27G .5600C Supervised h Developmental Disability.				
	This facility is licens	sed for 6 and currently has a urvey sample consisted of				
V 118	10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or r only be administere order of a person addrugs.		V 118			
	clients only when at client's physician. (3) Medications, incommendations, incommendations, incommendations, incommendations, incommendations, incommendations, incommendations, incommendation, incommendations,	uthorized in writing by the cluding injections, shall be by licensed persons, or by trained by a registered nurse, regally qualified person and e and administer medications. In ministration Record (MAR) of red to each client must be kept administered shall be ally after administration. The ne following: and quantity of the drug; administering the drug;				
		ne drug is administered; and of person administering the				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:			Б	
		MHL098-167	B. WING			R 05/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
WILSON	COUNTY GROUP HO)MF #4	EVIEW AVE N NC 27893	NW .		
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 118	(5) Client requests checks shall be rec file followed up by a with a physician.	age 1 for medication changes or corded and kept with the MAR appointment or consultation et as evidenced by:	V 118			
	Based on record reinterview, the facilit current affecting or The findings are: Review on 6/4/25 of Admission date of Diagnoses of Intel Disability-Moderate	eviews, observation and by failed to keep the MAR ne of three audited clients (#2). of Client #2's record revealed:				
	dated 2/4/25 revea -Carbamazepine E milligram (mg) (Epi dailyChlorhexidine Glu- Rinse), swish & spi minutes by mouth a -Docusate Sodium capsule twice daily -Ezetimibe 10 mg (in the eveningFerrous Sulfate 32 1 tablet twice daily.	R (Extended Release) 400 ilepsy), take 1 tablet twice conate 0.12% Solution (Oral it 1/2 capful for one or two at bedtime. 100 mg (Constipation), take 1 as needed. Hyperlipidemia), take 1 tablet				

Division of Health Service Regulation

AND DUAN OF CODDECTION TO THE THE CATION NUMBER.		` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY	
				R		
		MHL098-167	B. WING		06/0	5/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
WILSON	COUNTY GROUP HO	ME #4 1502 PINE WILSON, I	EVIEW AVE N NC 27893	NW .		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 2	V 118			
	twice dailyMelatonin 1 mg (Inbedtime as needed-Nortriptyline 10 mg at bedtimeRosuvastatin 20 mtablet in the evening Review on 6/4/25 of 1, 2025 through Jun-No staff initials on medication were ac-Carbamazepine El	g (Depression), take 1 capsule g (Hyperlipidemia), take 1 g. f client #2's MARs from March ne 4, 2025 revealed: 5/28/25 to indicate the liministered on the following: R 400 mg at 8:00 pm. conate 0.12% Solution at 8:00 pt. 55 mg at 8:00 pm. at 8:00 pm. 0 mg at 8:00 pm. g at 8:00 pm.				
	of Client #2's medic -Melatonin and Doc available in the faci Interview on 6/4/25 -She took medicatic -She did not know i -She did not have to sleeping at night. Interview on 6/5/25 -Clients took their n -She did not know i "signature" on the N	cusate Sodium were not lity. client #2 stated: on every day. the medications she took. f she missed any medications. rouble with constipation or				

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AND DIAM OF CORRECTION \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		A. BUILDING:		R		
		MHL098-167	B. WING		1	5/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
WILSON	COUNTY GROUP HO	MF #4	EVIEW AVE N NC 27893	NW .		
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTI	ON	(YE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 3	V 118			
	5/28/25Client #2 did not say she was constipated or had trouble sleepingShe "checked on" clients at night and everyone "rested fine."					
	Interview on 6/5/25 staff #2 stated: -She administered the medication on 5/28/25 at nightClient #2 was administered all of her 8 pm medications on 5/28/25There was a "system malfunction" and the signatures on the MAR to indicate medication administration did not transfer to the online MAR systemClient #2 had not "mentioned" being constipated or having trouble sleepingShe would "notice" if client #2 had constipation because her stomach would "swell up."					
	Interview on 6/4/25 the Qualified Professional/House Manager stated: -"I am almost 100% certain that all clients received their medication on 5/28/25 at 8 pm." -"The system doesn't always sync (synchronize) the staff signatures after they sign off for administering the medication." -Client #2 had not requested the Melatonin or Colace in "so long." -"I will follow up with the doctor to see if the Melatonin and Colace can be discontinued." -She would ensure client #2 had Melatonin and Colace available in the facility for as needed useShe would "immediately begin verifying staff signatures in the MAR on a weekly basis."					
	This deficiency con and must be correct	stitutes a re-cited deficiency sted within 30 days.				

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AND DUAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL098-167		B. WING		F 06/0	8 5/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
WILL CON	COUNTY CROUP HO	1502 PINE	EVIEW AVE	,		
WILSON	COUNTY GROUP HO	WILSON,	NC 27893			
(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 CROSS-REFERENCED TO THE APPROFICIENCY)	D BE	(X5) COMPLETE DATE
V 536	Continued From pa	ge 4	V 536			
V 536	27E .0107 Client Ri Int.	ghts - Training on Alt to Rest.	V 536			
	practices that emph to restrictive interve (b) Prior to providir disabilities, staff incemployees, student demonstrate compe completing training other strategies for which the likelihood or injury to a persor property damage is (c) Provider agencibased on state composed on state compliance and deligathered. (d) The training shainclude measurable measurable testing behavior) on those methods to determicourse. (e) Formal refreshe by each service proannually). (f) Content of the training the provider wishes to each service proannually). (g) Staff shall demonstrates the provider wishes to each service of the Division of MH/I Paragraph (g) of this (g) Staff shall demonstrates the provider wishes to each service of the Division of MH/I Paragraph (g) of this (g) Staff shall demonstrates the provider wishes to each service of the Division of MH/I Paragraph (g) of this (g) Staff shall demonstrates the provider wishes to each service of the Division of MH/I Paragraph (g) of this provider wishes to each service of the Division of MH/I Paragraph (g) of this provider wishes to each service of the Division of MH/I Paragraph (g) of this provider wishes to each service of the Division of MH/I Paragraph (g) of this provider wishes to each service of the Division of MH/I Paragraph (g) of this provider wishes to each service of the Division of MH/I Paragraph (g) of this provider wishes the Division of MH/I Paragraph (g) of this provider wishes the Division of MH/I Paragraph (g) of this provider wishes the Division of MH/I Paragraph (g) of this provider wishes the Division of MH/I Paragraph (g) of this provider wishes the Division of MH/I Paragraph (g) of this provider wishes the Division of MH/I Paragraph (g) of this provider wishes the Division of MH/I Paragraph (g) of this provider wishes the Division of MH/I Paragraph (g) of this provider wishes the Division of MH/I Paragraph (g) of this provider wishes the Division of MH/I Paragraph (g) of this provider wishes the Division of MH/I Paragraph (g) of this provider wishes the Div	mplement policies and nasize the use of alternatives entions. Ing services to people with luding service providers, as or volunteers, shall etence by successfully in communication skills and creating an environment in of imminent danger of abuse in with disabilities or others or prevented. It is shall establish training inpetencies, monitor for internal monstrate they acted on data all be competency-based, written and by observation of objectives and measurable in e passing or failing the er training must be completed vider periodically (minimum raining that the service employ must be approved by DD/SAS pursuant to see and understanding of the				

Division of Health Service Regulation

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Health Service Re	egulation					
					(X3) DATE SURVEY COMPLETED	
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MHL098-167			B. WING		1	5/2025
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VIBER OR GOLF EIER						
DUNTY GROUP HO	MF #4			•••		
(EACH DEFICIENCY	MUST BE PRECEDED BY F		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE
ontinued From pa	ge 5		V 536			
recognizire havior; shavior; shavior; shavior; shavior; shavior; shavior; shaviors the stressors the sabilities; shaviors with properties and the properties of the shaviors and the shaviors which directly because for people with the shaviors which directly because the shaviors which directly because the shaviors which are shaviors which are shaviors when and the shaviors (pass/fail shavior shavi	ng and interpreting hur ng the effect of interna hat may affect people of for building positive ersons with disabilities ng cultural, environment ors that may affect people of the importance of a son's involvement in m ir life; esessing individual risk cation strategies for de otentially dangerous b ehavioral supports (provith disabilities to choo cutly oppose or replace e unsafe). ers shall maintain nitial and refresher train tation shall include: eipated in the training a l); I where they attended; 's name; ion of MH/DD/SAS ma documentation at any ications and Training shall demonstrate com in testing in a training p g, reducing and elimina	I and with s; ntal and ple with nd laking of for efusing behavior; oviding se ning for and the and ly time.				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE continued From pa 2) recognizir chavior; 3) recognizir sternal stressors t stabilities; 4) strategies clationships with p 5) recognizir rganizational factor sabilities; 5) recognizir rganizational factor sabilities; 6) recognizir rganizational factor sabilities; 7) skills in as scalating behavior 8) communic nd de-escalating p nd 9) positive b neans for people w ctivities which dire chaviors which dire chaviors which are n) Service provide cocumentation of ir t least three years 1) Documen 1) Who partic utcomes (pass/fail 3) when and 2) instructor 2) The Divisic eview/request this 1) Instructor Qualif equirements: 1) Trainers s 1) y scoring 100% or 1) imed at preventing 1) ged for restrictive	MHL098-167 DVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FIREGULATORY OR LSC IDENTIFYING INFORMATION Ontinued From page 5 Precognizing and interpreting hure chavior; Some recognizing the effect of internation strength of the precedent of the prece	MHL098-167 DUNTY GROUP HOME #4 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ontinued From page 5 Precognizing and interpreting human ehavior; strategies for building positive elationships with persons with disabilities; strategies for building positive elationships with persons with disabilities; recognizing cultural, environmental and ganizational factors that may affect people with sabilities; recognizing the importance of and sisting in the person's involvement in making ecisions about their life; skills in assessing individual risk for scalating behavior; communication strategies for defusing and de-escalating potentially dangerous behavior; and positive behavioral supports (providing leans for people with disabilities to choose civities which directly oppose or replace enaviors which are unsafe). Service providers shall maintain commentation of initial and refresher training for a least three years. Documentation shall include: Who participated in the training and the utcomes (pass/fail); when and where they attended; and instructor's name; The Division of MH/DD/SAS may eview/request this documentation at any time. Instructor Qualifications and Training equirements: Trainers shall demonstrate competence of the providing and the providers and the	MHL098-167 MHL098-167 STREET ADDRESS, CITY, S DUNTY GROUP HOME #4 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Ontinued From page 5 Precognizing and interpreting human elhavior; So recognizing the effect of internal and sternal stressors that may affect people with isabilities; Frecognizing cultural, environmental and reganizational factors that may affect people with sabilities; Frecognizing the importance of and sesisting in the person's involvement in making ecisions about their life; So communication strategies for defusing and de-escalating potentially dangerous behavior; Communication strategies for defusing the descalating behavior; Communication strategies for defusing the ending positive behavioral supports (providing the ending potentially dangerous behavior; Communication strategies for defusing the ending potentially dangerous behavior; Communication strategies for defusing the ending potentially dangerous behavior; Communication strategies for defusing the ending potentially dangerous behavior; Communication strategies for defusing the ending potentially dangerous behavior; Communication strategies for defusing the ending potentially dangerous behavior; Communication strategies for defusing the ending potentially dangerous behavior; Communication strategies for defusing the ending potentially dangerous behavior; Communication strategies for defusing the ending potentially dangerous behavior; Communication strategies for defusing the ending potentially dangerous behavior; Communication strategies for defusing the ending potentially dangerous behavior; Communication strategies for defusing the ending potentially dangerous behavior; Communication strategies for defusing the ending potentially dangerous behavior; Communication strategies for defusing the ending potentially dangerous behavior; Communication strategies for defusing the ending potentially dangerous behavior; Communication strategies for d	MHL098-167 MHL098-167 MHL098-167 MHL098-167 STREET ADDRESS, CITY, STATE, ZIP CODE 1502 PINEVIEW AVE NW WILSON, NC 27893 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Ontlinued From page 5 2) recognizing and interpreting human ehavior; 2) recognizing the effect of internal and kternal stressors that may affect people with sabilities; 3) recognizing cultural, environmental and granizational factors that may affect people with sabilities; 3) recognizing the importance of and sessiting in the person's involvement in making sessions about their life; 7) skills in assessing individual risk for scalating behavior; 8) communication strategies for defusing elaviors which directly oppose or replace ehaviors which are unsafe). 9) positive behavioral supports (providing leans for people with disabilities to choose clivities which directly oppose or replace ehaviors which are unsafe). 1) Service providers shall maintain commentation of initial and refresher training for tleast three years. 1) Documentation shall include: 3) when and where they attended; and instructor's name; 2) The Division of MH/IDD/SAS may view/request this documentation at any time. 2) Instructor's name; 3) Trainers shall demonstrate competence y scoring 100% on testing in a training program med at preventing, reducing and eliminating the seed for restrictive interventions.	COMPETERION DENTIFICATION NUMBER: MHL098-167 STREET ADDRESS, CITY, STATE, ZIP CODE 1502 PINEVIEW AVE NW WILSON, NC 27893 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PEUL TAG Ontinued From page 5 2) recognizing and interpreting human shavior; 3) recognizing the effect of internal and sternal stressors that may affect people with sabilities; 3) recognizing cultural, environmental and granizational factors that may affect people with sabilities; 3) recognizing the importance of and sissiting in the person's involvement in making acisions about their life; 3) recognizing the importance of and sissiting behavior; 4) positive behavioral supports (providing teans for people with disabilities to choose cittivities which directly oppose or replace shaviors which are unsafe), 3) communication strategies for defusing and de-escalating potentially dangerous behavior; 4) positive behavioral supports (providing teans for people with disabilities to choose cittivities which directly oppose or replace shaviors which are unsafe), 3) communication of initial and refresher training for least three years. 4) Service providers shall maintain potumentation of initial and refresher training and the utcomes (pass/fall); 3) when and where they attended; and instructor's name; 4) Documentation shall include: 5) The Division of MH/DD/SAS may view/request this documentation at any time. 6) Instructor Qualifications and Training equirements: 7) Trainers shall demonstrate competence y scoring 100% on testing in a training program med at preventing, reducing and eliminating the section of the provider of the provider interventions.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(V2) MULTIPL	E CONSTRUCTION	I(V2) DATE	CLIDVEV	
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		COMIT LETED	
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		MHL098-167	B. WING			5/2025
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
WILSON	COUNTY GROUP HO	MF #4	EVIEW AVE N	1W		
		WILSON,	NC 27893			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
PREFIX	•	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				DEL IOIENOT)		
V 536	Continued From pa	ge 6	V 536			
	by scoring a passin	g grade on testing in an				
	instructor training p					
		ng shall be				
		, include measurable learning				
		able testing (written and by				
		avior) on those objectives and				
		ds to determine passing or				
	failing the course.	as to determine passing of				
		ent of the instructor training the				
		ins to employ shall be				
		vision of MH/DD/SAS pursuant				
	to Subparagraph (i)					
		le instructor training programs				
		e not limited to presentation of:				
		ding the adult learner;				
		for teaching content of the				
	course;	ior todorning deritarit or the				
	*	for evaluating trainee				
	performance; and					
		ation procedures.				
		shall have coached experience				
		program aimed at preventing,				
		ating the need for restrictive				
		st one time, with positive				
	review by the coach					
	,	shall teach a training program				
		g, reducing and eliminating the				
		interventions at least once				
	annually.					
		shall complete a refresher				
		t least every two years.				
	(j) Service provider					
		nitial and refresher instructor				
	training for at least					
	· ·	nentation shall include:				
	\ /	sipated in the training and the				
	outcomes (pass/fail					
		l where attended; and				
	(C) instructor					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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		MHL098-16	7	B. WING		06/	05/2025
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
WILSON	COUNTY GROUP HO	ME #4		EVIEW AVE N NC 27893	NW		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN MUST BE PRECEDEL SC IDENTIFYING INFO	NCIES D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 536	(2) The Divis request and review (k) Qualifications (1) Coaches requirements as a (2) Coaches the course which is	ion of MH/DD/SA this documentation of Coaches: shall meet all pretrainer. shall teach at lead being coached. shall demonstrate inpletion of coach truction.	on any time. paration st three times e ing or	V 536			
	This Rule is not me Based on record refailed to ensure and restrictive intervent staff (Qualified Prof Manager). The find Review on 6/4/25 opersonnel record re-Hire date 8/28/17Mindset Safety Macertificate of comple Interview on 6/4/25 stated: -"I rarely work as a other staff is availal -She was aware the intervention training	view and interview nual training in altaining in altaining in altaining fessional (QP)/Horings are: If the QP/House Mayeraled: Inagement Curriculation dated 5/10/2 the QP/House Mayeraled in the QP/House Mayeraled in alternatives at her alternatives	w, the facility ernatives to ree audited ouse Manager's ulum 24. anager only if no				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		MHL098-167	B. WING		06/0	5/2025
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
WILSON	COUNTY GROUP HO	MF #4	EVIEW AVE N NC 27893	NW .		
(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 APPRODE DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 536	Continued From pa	ge 8	V 536			
	-She was registered intervention training	d for alternatives to restrictive Monday, 6/19/25.				
V 774	27G .0304(d)(7) Min	nimum Furnishings	V 774			
	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.					
		on and interview the facility num furnishings for a client				
	revealed: -The vacant client b	25 at approximately 9:30 am dedroom did not have a bed, did table and storage for s.				
	-The facility planned					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL098-167	B. WING			R 05/2025
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
WILSON	COUNTY GROUP HO	IM F #4	EVIEW AVE I NC 27893	NW		
(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 THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 774	-She understood the	e vacant room needed to be bedding, pillow, bedside table	V 774			

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