

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-145	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/02/2025
NAME OF PROVIDER OR SUPPLIER THE GROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 247 CHESTNUT GROVE ROAD STATESVILLE, NC 28625		
(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 survey was completed on July 2, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.	V 000		
V 539	27F .0102 Client Rights - Living Environment 10A NCAC 27F .0102 LIVING ENVIRONMENT (a) Each client shall be provided: (1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and (2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team. (b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy. This Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure there was an accessible area for personal privacy affecting 1 of 3 audited clients (#1). The findings are:	V 539		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-145	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/02/2025
NAME OF PROVIDER OR SUPPLIER THE GROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 247 CHESTNUT GROVE ROAD STATESVILLE, NC 28625		
(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 539	<p>Continued From page 1</p> <p>Observations on 7/2/25 from 11:36am to 12:00pm, of client #1's bedroom revealed: -A camera was mounted on the wall directly over client #1's bedroom door -The camera angle was directly over client #1's bed.</p> <p>Review on 7/2/25 of client #1's record revealed: -An admission date of 8/21/23 -Diagnoses of Severe Intellectual Disability Disorder and Autism Disorder -Age 16</p> <p>Attempted interview on 7/2/25 with client #1 revealed: -Used gestures to communicate.</p> <p>Interview on 7/2/25 with staff #1 revealed: -Client #1 had a camera in his room due to elopement tendencies.</p> <p>Interview on 7/2/25 with the House Manager revealed: -Client #1 had a camera in his room due to elopement tendencies. -The camera was hooked up to a baby monitor. -The baby monitor was broken.</p> <p>Interview on 7/2/25 with the Qualified Professional (QP) revealed: -Was the acting QP for the facility. -Was aware there was a camera in client #1's bedroom.</p> <p>Interview on 7/2/25 with the Administrator revealed: -Was aware of the camera in client #1's bedroom. -"The camera does not record."</p>	V 539		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-145	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/02/2025
NAME OF PROVIDER OR SUPPLIER THE GROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 247 CHESTNUT GROVE ROAD STATESVILLE, NC 28625		
(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 540	Continued From page 2	V 540		
V 540	<p>27F .0103 Client Rights - Health, Hygiene And Grooming</p> <p>10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING</p> <p>(a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:</p> <p>(1) opportunity for a shower or tub bath daily, or more often as needed;</p> <p>(2) opportunity to shave at least daily;</p> <p>(3) opportunity to obtain the services of a barber or a beautician; and</p> <p>(4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil.</p> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide privacy for 1 of 3 audited clients (#1).</p> <p>Observation on 7/2/25 at 11:15am of client #1's bedroom revealed -No curtains or blinds were on the windows</p>	V 540		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-145	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/02/2025
NAME OF PROVIDER OR SUPPLIER THE GROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 247 CHESTNUT GROVE ROAD STATESVILLE, NC 28625		
(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 540	Continued From page 3 Observation on 7/2/25 at 11:22am of client #3's bedroom revealed: -No curtains or blinds were on the windows Interview on 7/2/25 with the House Manager revealed: -Both clients #1 and #3 had torn their blinds down. -Was not sure why blinds and curtains had not been rehung in the bedrooms Interview on 7/2/25 with the Qualified Professional revealed: -Was the acting QP for the facility -Was not sure why there would no blinds or curtains on the client's bedroom windows, but thought it was because "they tore them down." -"Funds have been given to have them (blinds/curtains) replaced. [The Administrator] will make sure it is done as soon as possible."	V 540		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a clean and attractive manner. The findings are: Observations on 7/2/25 at 11:36am of the facility revealed: -Numerous chipped paint throughout the facility	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-145	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/02/2025
NAME OF PROVIDER OR SUPPLIER THE GROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 247 CHESTNUT GROVE ROAD STATESVILLE, NC 28625		
(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 736	<p>Continued From page 4</p> <ul style="list-style-type: none"> -The dishwasher's outside flap was detached -Client #1's bed had bent slats that did not hold the bed in position -The bathroom vanity had a broken drawer -The A/C vent covers were dirty -Client #2's bedroom had missing pieces of flooring -A patched circular shape was in the dining room area and was not painted -Client #3's bedroom furniture that held hanging clothes was broken <p>Interview on 7/22/25 with the House Manager revealed:</p> <ul style="list-style-type: none"> -Several of the walls needed to be painted -Had put in numerous work orders to no avail. <p>Interview on 7/22/25 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Was the acting QP -Had been to the facility and noticed the walls needed to be painted -Was not aware of the issue with the dishwasher 	V 736		