

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL024-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/22/2025
NAME OF PROVIDER OR SUPPLIER PINEWOOD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 817 PINEWOOD DRIVE WHITEVILLE, NC 28472		
(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, complaint and follow up survey was completed on August 22, 2025. The complaint was unsubstantiated (intake #NC00233138). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies based on assessment affecting one of three clients (#2). The findings are:</p> <p>Review on 8/20/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 6/01/20. - Diagnoses of Severe Intellectual Developmental Disability, Hypertension, Sleep Apnea, Heart Dropsy, Vitamin D Deficiency, Seizure Disorder and Degenerative Joint Disease. - There were no strategies to address client #2's use of a catheter. <p>Interview on 8/21/25 staff #1 stated:</p> <ul style="list-style-type: none"> - Client #2 had a catheter. - He had been trained by a registered nurse (RN) on how to clean the catheter. - He assisted client #2 with cleaning the catheter. <p>Interview on 8/21/25 staff #2 stated:</p> <ul style="list-style-type: none"> - Client #2 had a catheter. - She had been trained by an RN on how to clean the catheter. - She assisted client #2 with cleaning the catheter. <p>Interview on 8/21/25 staff #3 stated:</p> <ul style="list-style-type: none"> - Client #2 had a catheter. 	V 112		

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V 112	Continued From page 2 - She had been trained by an RN on how to clean the catheter. - She assisted client #2 with cleaning the catheter. Interview on 8/22/25 the Qualified Professional stated: - Staff had been trained in how to care for catheters. - The Individual Support Plan (ISP) was written by client #2's care coordinator. - He would follow up with the care coordinator to update client #2's ISP. This deficiency has been cited 3 times since the original cite on 5/28/21 and must be corrected within 30 days.	V 112		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which	V 289		

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V 289	Continued From page 3 serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).	V 289		

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V 289	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to ensure one of three audited clients (#2) met the scope for which facility is licensed for. The findings are:</p> <p>Review on 8/20/25 of Division of Health Service Regulation records revealed the facility was licensed for three ambulatory clients.</p> <p>Review on 8/20/25 of client #2's record revealed: - Admission date of 6/01/20. - Diagnoses of Severe Intellectual Developmental Disability, Hypertension, Sleep Apnea, Heart Dropsy, Vitamin D Deficiency, Seizure Disorder and Degenerative Joint Disease.</p> <p>Review on 8/20/25 of client #2's Admission Assessment Sheet dated 6/1/20 revealed: - Client is "Non-ambulatory w/out use of his wheelchair or walker." - Client needs "24 hour supervision, assistance with daily living skills." - Physical and Medical Issues: "Non-ambulatory."</p> <p>Review on 8/20/25 of client #2's Client Referral Form dated 1/11/17 revealed: - Client #2 is "non ambulatory and uses a wheelchair for his primary source of mobility."</p> <p>Review on 8/20/25 of client #2's Individual Support plan (ISP) dated 11/01/24 revealed: - What is NOT Working for Me: "[Client #2] has difficulty ambulating."</p>	V 289			

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V 289	<p>Continued From page 5</p> <ul style="list-style-type: none"> - What are my preferences: "[Client #2] need supports during ambulation with his walker due to unstable gait." - Things that Might Start a Crisis for Me: "[Client #2] need supports during ambulation to ensure safety and prevent falling." - What are my preferences: "[Client #2] requires his wheelchair for mobility during long distances and walker for shorter distances within familiar spaces. <p>Interview on 8/22/25 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - He would follow up on the the facility license and non-ambulatory status of the client #2. <p>This deficiency has been cited 3 times since the original cite on 5/28/21 and must be corrected within 30 days.</p>	V 289			