PRINTED: 09/10/2025 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG	(×	(3) DATE SURVEY COMPLETED
		34G237	B. WING _			C <b>09/03/2025</b>
	ROVIDER OR SUPPLIER  OK GROUP HOME	•		STREET ADDRESS, CITY, STATE, ZIP COE 301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791	DE .	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS	3	W	000		
W 195	intake #NC0023264 unsubstantiated; how to the complaint wer Condition of Particip ACTIVE TREATMEN CFR(s): 483.440  The facility must ensured the control of	ation in Active Treatment.	W 1	95		
W 196	The team failed to e continuous active tresufficient frequency objectives as identificians (PCPs) (W249) the accomplishment documented in measure PCPs were reward (W260).	active treatment services to	W 1	96		
	treatment program, v consistent implement specialized and geno- services and related subpart, that is direct	eive a continuous active which includes aggressive, ntation of a program of eric training, treatment, health services described in this ted toward:				(VS) DATE

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

TLE (X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION			E SURVEY MPLETED
		34G237	B. WING _			0:	C 9/03/2025
	ROVIDER OR SUPPLIER  OK GROUP HOME		•	STREET ADDRESS, 301 ERKWOOD DE HENDERSONVIL		, -	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH	OVIDER'S PLAN OF CORRECT H CORRECTIVE ACTION SHOU REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 196	the client to function determination and in (ii) The prevention of	f the behaviors necessary for	W	96			
	Based on record rev facility failed to ensur #2, #3, #4, #5, and #	not met as evidenced by: views and interviews, the re 6 of 6 audited clients (#1, 6) received continuous implementation and updated ins (PCPs).					
	ensure 6 of 6 audited and #6) received a c program with sufficie	W249. The facility failed to diction of clients (#1, #2, #3, #4, #5, continuous active treatment on frequency to support objectives as identified in their ons (PCPs).					
	ensure data related to objective criteria was	V252. The facility failed to o the accomplishment of documented in measurable 6 of 6 audit clients (#1, #2.					
W 249	ensure the person-ce		W 2	49			
		individual program plan, eive a continuous active					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		MPLETED
		34G237	B. WING _			C 09/03/2025
	ROVIDER OR SUPPLIER  OK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP C 301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 249	and frequency to su	ge 2 ervices in sufficient number pport the achievement of the in the individual program	W 2	249		
	Based on record re facility failed to ensu #2, #3, #4, #5, and active treatment pro to support achieven	s not met as evidenced by: views and interviews, the ure 6 of 6 audited clients (#1, #6) received a continuous ogram with sufficient frequency nent of the objectives as rson-centered plans (PCPs).				
	4/25/23 revealed for follows: (1st) Laund scheduled weekly; (scheduled weekly; (scheduled weekly; (scheduled weekly; (Step 4/4 - scheduled reminder Step 2/4 - programs are not be	of client #1's PCP dated rmal training programs as ry Settings Step 2/2 - 2nd) Dishwasher Step 1/3-1st) Food Flashcards - 1st & 2nd) Walking Step 1/3 - 1st) Community Integration d weekly; (1st) Glasses scheduled weekly. Client #1's eing implemented at a pr the client to meet the goals.				
	electronic system red	f client #1's programs in the evealed the last documented on 4/26/25, 6/9/25, and no further documentation				
	(HS) confirmed that collection was corre Further interview wi	with the Habilitation Specialist program training data ct in the electronic system. the HS confirmed that ta collection was not being				

STATEMENT OF DEFICIE AND PLAN OF CORRECT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G	(X3	) DATE SURVEY COMPLETED
		34G237	B. WING _			C <b>09/03/2025</b>
NAME OF PROVIDER OF				STREET ADDRESS, CITY, STATE, ZIP CODE 301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791	<u> </u>	03/03/2023
	EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
collected log into intervie were plus training.  B. Revi 3/20/25 follows schedu Eating schedu Step 4/ Tasks 5 room S program frequer  Review electron data con and 6/5 availab  Interview program electron confirm was no staff um Continu docume months could b.  C. Rev 7/22/24	the electron w with HS reaced in the hadat; however the work of the weekly; (1 - scheduled weekly; (2 - scheduled weekly; (3 - scheduled weekly; (4 - scheduled weekly; (4 - scheduled weekly; (5 - scheduled weekly; (6 - scheduled weekly; (6 - scheduled weekly; (6 - scheduled weekly; (6 - scheduled weekly; (7 - scheduled weekly; (8 - scheduled weekly; (9 - scheduled weekly; (9 - scheduled weekly; (1 - scheduled	f turnover and staff unable to ic system. Continued vealed that paper documents some for two months to collect ver, no data could be located.  For client #2's PCP dated mal training programs as Leisure Activity Step 2/4 - 1st & 2nd) Slow Rate of weekly; (2nd) Steps Step 1/5 - 1st) Community Integration d weekly; (1st & 2nd) Yard neduled weekly; (1st) Tidy up reduled weekly. Client #2's ring implemented at a por the client to meet the goals.  Foliant #2's programs in the evealed the last documented on 4/26/25, 5/2/25, 5/3/25, ras no further documentation	W 2	49		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G		MPLETED
		34G237	B. WING_			C 09/03/2025
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791		3910312023
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 249	Teeth Step 2/4 - sch Light Step 1/5 - sch Utilize Tablet Step 1 Handed Spoon Step Community Integrat weekly. Client #3's p implemented at a frot meet the goals  Review on 9/3/25 of electronic system re data collection was further documentation Interview on 9/3/25 program training da electronic system. F confirmed that program was not being collect staff unable to log in Continued interview documents were pla months to collect tra could be located.  D. Review on 9/3/25 9/6/24 revealed train (1st) Community Int weekly; (1st) Choos weekly; (1st & 2nd) scheduled Daily. Cli being implemented client to meet the go Review on 9/3/25 of	ekly; (1st & 2nd) Brushing heduled weekly; (2nd) Turn on eduled weekly; (1st & 2nd) /3 - scheduled weekly; (2nd) of 1/3 - scheduled weekly; (1st) ion Step 3/4 - scheduled brograms are not equency enough for the client equency enough for the client equency enough for the client excelled the last documented on 4/26/25. There was no on available for review  With HS confirmed that the collection was correct in the further interview with the HS fram training data collection beter due to staff turnover and that the electronic system. With HS revealed that paper faced in the home for two exining data; however, no data of of client #4's PCP dated faining programs as follows: the electronic system of client #4's PCP dated for the scheduled exhedule Step 1/4 - scheduled the Shirt Step 1/4 - scheduled exhedule Step 1/4 - scheduled exhedule Step 1/4 - scheduled the shirt Step 1/4 - scheduled exhedule schedule sc	W 2	49		
	_	evealed the last documented on 4/26/25. There was no				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION  NG	, ,	OATE SURVEY COMPLETED
		34G237	B. WING _			C 09/03/2025
	ROVIDER OR SUPPLIER OK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP COD 301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791	DE	03/03/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
W 249	Interview on 9/3/25 w program training data electronic system. Fu confirmed that progra was not being collect staff unable to log int Continued interview documents were place months to collect traicould be located.  E. Review on 9/3/25 6/26/24 revealed traicould be located traicould be located.  E. Review on 9/3/25 6/26/24 revealed traicould socialization II (1st) Dishwasher Stee (1st) Bathing Step 1/2 Trim fingernails Step Community Integration weekly; (1st) OSG Oweekly. Client #5's primplemented at a free to meet the goals. Review on 9/3/25 of electronic system reveals collection was of further documentation. Interview on 9/3/25 w program training data electronic system. Further documentation interview on goals and that program was not being collect staff unable to log int Continued interview documents were placed.	with HS confirmed that a collection was correct in the arther interview with the HS am training data collection and due to staff turnover and to the electronic system. with HS revealed that paper and in the home for two aning data; however, no data  of client #5's PCP dated aning programs as follows: Step 1/4 - scheduled weekly; by 2/5 - scheduled weekly; con Step 4/4 - scheduled T Exercises - scheduled	W 2	249		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	PLE CONSTRUCTION  G		OATE SURVEY OMPLETED
		34G237	B. WING _			C 09/03/2025
	ROVIDER OR SUPPLIER  OK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791	<b>,</b>	03/03/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 249	Continued From page	e 6	W 2	49		
W 252	11/15/24 revealed tra (1st) Community Inte weekly; (1st & 2nd) T Step 3/6 - scheduled Schedule Step 1/3 - s 2nd) Art Step 1/5 - s Bed Step 3/6 - sched Teeth Brushing Step Make Coffee Step 1/2 2nd) OSG Slow Rate Client #6's programs frequency enough for Review on 9/3/25 of electronic system rev data collection was o further documentatio  Interview on 9/3/25 w program training data electronic system. Fu confirmed that progra was not being collect staff unable to log int Continued interview w documents were plac months to collect trai could be located.	scheduled weekly; (1st & Scheduled weekly; (1st & 2nd) 1/5 - scheduled weekly; (1st & 2nd) 1/5 - scheduled weekly; (1st & 4 - scheduled weekly; (1st & 4 - scheduled weekly; (1st & 5 - of Eating - scheduled daily, are not implemented at a 1 - the client to meet the goals.  Client #6's programs in the realed the last documented in 4/26/25. There was no in available for review.  With HS confirmed that in collection was correct in the part interview with the HS in training data collection in ed due to staff turnover and in the electronic system.  With HS revealed that paper itsed in the home for two ining data; however, no data	W	50		
W 252	CFR(s): 483.440(e)(1		W 2	52		
	specified in client ind					

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION  NG	(.	X3) DATE SURVEY COMPLETED
		34G237	B. WING _			C <b>09/03/2025</b>
	ROVIDER OR SUPPLIER  OK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP O 301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791	CODE	03/03/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIAT	(X5) COMPLETION DATE
W 252	Continued From page	e 7	W 2	252		
	Based on record revision facility failed to ensurance accomplishment of ordocumented in meass of 6 audit clients (#1, findings are:  A. Review on 9/3/25 person-centered plan revealed formal trainic (1st) Laundry Setting weekly; (2nd) Dishwaweekly; (1st) Food Fliweekly; (1st) Food Fliweekly; (1st) Commuscheduled weekly; (1st) Commusch	bjective criteria was burable terms. This affected 6 #2, #3, #4, #5, and #6). The  of client #1's n (PCP) dated 4/25/23 ing programs as follows: is Step 2/2 - scheduled asher Step 1/3 - scheduled dashcards - scheduled valking Step 1/3 - scheduled v				
	training data; howeve	ome for two months to collect er, no data could be located. with the Facility Administrator				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		DNSTRUCTION		PLETED
		34G237	B. WING				C /03/2025
	ROVIDER OR SUPPLIER  OK GROUP HOME	•	,	301 I	EET ADDRESS, CITY, STATE, ZIP CODE ERKWOOD DRIVE IDERSONVILLE, NC 28791		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 252	client's training progression collected. Further in that the facility will explace for the client's  B. Review on 9/3/25 3/20/25 revealed for follows: (1st & 2nd) scheduled weekly; (Eating - scheduled weekly; (Step 4/4 - scheduled Tasks Step 2/3 - schroom Step 1/2 - schroom Step	he had no knowledge that the gram data were not being sterview with the FA revealed ensure data collection takes a training programs.  For of client #2's PCP dated rmal training programs as Leisure Activity Step 2/4 - (1st & 2nd) Slow Rate of weekly; (2nd) Steps Step 1/5 - (1st) Community Integration d weekly; (1st & 2nd) Yard neduled weekly; (1st) Tidy up eduled weekly.  For client #2's programs in the evealed the last documented on 4/26/25, 5/2/25, 5/3/25, was no further documentation	W	252			
	no knowledge that t data were not being with the FA revealed	with FA revealed that she had he client's training program collected. Further interview d that the facility will ensure s place for the client's training					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION  IG		DATE SURVEY COMPLETED
		34G237	B. WING _			C <b>09/03/2025</b>
	ROVIDER OR SUPPLIER	11000		STREET ADDRESS, CITY, STATE, ZIP CODE 301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791	I	09/03/2023
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 252	Continued From pa	ge 9	W 2	52		
	7/22/24 revealed fo follows: (2nd) Bathin weekly; (1st) Color 2/3 - scheduled wee Teeth Step 2/4 - sch Light Step 1/5 - sch Utilize Tablet Step 1/4 - sch Ut	of client #3's PCP dated rmal training programs as ng Step 1/7 - scheduled and Shape Flashcards Step ekly; (1st & 2nd) Brushing neduled weekly; (2nd) Turn on eduled weekly; (1st & 2nd) 1/3 - scheduled weekly; (2nd) p 1/3 - scheduled weekly; (1st) tion Step 3/4 - scheduled  f client #3's programs in the evealed the last documented on 4/26/25. There was no on available for review.  with HS confirmed that ta collection was correct in the Further interview with the HS ram training data collection cted due to staff turnover and not the electronic system.  with HS revealed that paper acced in the home for two aining data; however, no data				
	no knowledge that t data were not being with the FA revealed	with FA revealed that she had the client's training program g collected. Further interview d that the facility will ensure s place for the client's training				
	9/6/24 revealed trai	5 of client #4's PCP dated ning programs as follows: tegration Step 1/4 - scheduled				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG	(X3) DATE SUF	
		34G237	B. WING _		09/03/2	2025
	ROVIDER OR SUPPLIER OK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP O 301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	FION SHOULD BE THE APPROPRIATE	(X5) OMPLETION DATE
W 252	Continued From pa		W 2	252		
	weekly; (Toileting S weekly; (1st & 2nd) scheduled Daily. Review on 9/3/25 o	se Shirt Step 1/4 - scheduled chedule Step 1/4 - scheduled Brush Teeth step 1/4 -  f client #4's programs in the evealed the last documented				
	data collection was	on 4/26/25. There was no on available for review.				
	program training da electronic system. F confirmed that prog was not being colle- staff unable to log in Continued interview documents were pla	with HS confirmed that ta collection was correct in the Further interview with the HS ram training data collection cted due to staff turnover and into the electronic system. with HS revealed that paper aced in the home for two aining data; however, no data				
	no knowledge that t data were not being with the FA revealed	with FA revealed that she had the client's training program collected. Further interview d that the facility will ensure s place for the client's training				
	6/26/24 revealed tra (2nd) Socialization (1st) Dishwasher St (1st) Bathing Step 1 Trim fingernails Ste Community Integral	5 of client #5's PCP dated saining programs as follows:  II Step 1/4 - scheduled weekly; tep 2/5 - scheduled weekly; 1/5 - scheduled weekly; (1st) p 1/4 -scheduled weekly; (1st) tion Step 4/4 - scheduled OT Exercises - scheduled				
	Review on 9/3/25 or	f client #5's programs in the				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED	
		34G237	B. WING _			C 9/03/2025	
	ROVIDER OR SUPPLIER OK GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CO 301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791		9/03/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 252	data collection was of further documentation.  Interview on 9/3/25 whore program training data electronic system. Full confirmed that program was not being collect staff unable to log into Continued interview of documents were placed months to collect train could be located.  Interview on 9/3/25 who knowledge that the data were not being of with the FA revealed data collection takes programs.  F. Review on 9/3/26 of 11/15/24 revealed train (1st) Community Interview (1st) Step 3/6 - scheduled Schedule Step 1/3 - scheduled Schedule Schedule Step 1/3 - scheduled Schedule S	realed the last documented in 4/26/25. There was no in available for review.  With HS confirmed that a collection was correct in the arther interview with the HS arm training data collection and due to staff turnover and to the electronic system.  With HS revealed that paper seed in the home for two ming data; however, no data with FA revealed that she had be client's training program collected. Further interview that the facility will ensure place for the client's training programs as follows: gration Step 3/4 - scheduled Thoroughly Wash Hands	W 2	52			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G237	B. WING _			C 09/03/2025	
NAME OF PROVIDER OR SUPPLIER  PINEBROOK GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE  301 ERKWOOD DRIVE  HENDERSONVILLE, NC 28791	<b>.</b>	03/00/2020	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	( (EACH CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 252	Interview on 9/3/25 w program training data electronic system. Fur confirmed that prograw was not being collect staff unable to log into Continued interview of documents were placed months to collect trained to located.  Interview on 9/3/25 w no knowledge that the data were not being of with the FA revealed data collection takes programs.  PROGRAM MONITO CFR(s): 483.440(f)(2)  At least annually, the must be revised, as a process set forth in portion of the process set for the portion of the process on a PCP dated 4/25/23 documentation province in the process of the province of the pr	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 12 Interview on 9/3/25 with HS confirmed that rogram training data collection was correct in the lectronic system. Further interview with the HS confirmed that program training data collection was not being collected due to staff turnover and taff unable to log into the electronic system. Continued interview with HS revealed that paper ocuments were placed in the home for two months to collect training data; however, no data could be located.  Interview on 9/3/25 with FA revealed that she had to knowledge that the client's training program ata were not being collected. Further interview with the FA revealed that the facility will ensure ata collection takes place for the client's training rograms.  PROGRAM MONITORING & CHANGE		260			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G237	B. WING _			C 09/03/2025	
NAME OF PROVIDER OR SUPPLIER  PINEBROOK GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP 301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791	CODE	3310312023	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG	X (EACH CORRECTIVE AC CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 260	documentation provided client #3's PCP meeti updated since 7/22/24 month late.  Review of records on a PCP dated 6/26/24 documentation provided client #5's PCP meeti updated since 6/26/24 months late.  Interview on 9/3/25 we confirmed that client # plans are expired. Confacility Administrator	led to show evidence that ng had taken place and 4, making the PCP over 1  9/3/25 for client #5 revealed There was no additional led to show evidence that ng had taken place and 4, making the PCP over 2  ith the Facility Administrator #1's, #3's and #5's current ontinued interview with the revealed that there is no P meetings have taken	W	260			