STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G237	A. BUILDING _____ B. WING _____	C 09/03/2025

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PINEBROOK GROUP HOME	301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791

(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) COMPLETION DATE
W 000	INITIAL COMMENTS A complaint survey was completed on 9/3/25 for intake #NC00232641. The complaint was unsubstantiated; however, deficiencies unrelated to the complaint were cited, resulting in a Condition of Participation in Active Treatment.	W 000		
W 195	ACTIVE TREATMENT SERVICES CFR(s): 483.440 The facility must ensure that specific active treatment services requirements are met. This CONDITION is not met as evidenced by: The team failed to ensure clients received a continuous active treatment program with sufficient frequency to support achievement of the objectives as identified in their person-centered plans (PCPs) (W249); ensure that data relative to the accomplishment of objective criteria was documented in measurable terms (W252); and ensure PCPs were revised at least annually (W260). The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated active treatment services to the clients.	W 195		
W 196	ACTIVE TREATMENT CFR(s): 483.440(a)(1) Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:	W 196		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 196	Continued From page 1 (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 6 of 6 audited clients (#1, #2, #3, #4, #5, and #6) received continuous services in program implementation and updated person-centered plans (PCPs). A. Cross reference W249. The facility failed to ensure 6 of 6 audited clients (#1, #2, #3, #4, #5, and #6) received a continuous active treatment program with sufficient frequency to support achievement of the objectives as identified in their person-centered plans (PCPs). B. Cross reference W252. The facility failed to ensure data related to the accomplishment of objective criteria was documented in measurable terms. This affected 6 of 6 audit clients (#1, #2. #.3, #4, #5, and #6). C. Cross reference W260. The facility failed to ensure the person-centered plans (PCPs) were revised at least annually for 3 of 6 audited clients (#1, #3, and #5).	W 196		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed	W 249		

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W 249	Continued From page 2	W 249		

interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.

This STANDARD is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure 6 of 6 audited clients (#1, #2, #3, #4, #5, and #6) received a continuous active treatment program with sufficient frequency to support achievement of the objectives as identified in their person-centered plans (PCPs). The findings are:

A. Review on 9/3/25 of client #1's PCP dated 4/25/23 revealed formal training programs as follows: (1st) Laundry Settings Step 2/2 - scheduled weekly; (2nd) Dishwasher Step 1/3- scheduled weekly; (1st) Food Flashcards - scheduled weekly; (1st & 2nd) Walking Step 1/3 - scheduled weekly; (1st) Community Integration Step 4/4 - scheduled weekly; (1st) Glasses reminder Step 2/4 - scheduled weekly. Client #1's programs are not being implemented at a frequency enough for the client to meet the goals.

Review on 9/3/25 of client #1's programs in the electronic system revealed the last documented data collection was on 4/26/25, 6/9/25, and 8/4/25. There was no further documentation available for review.

Interview on 9/3/25 with the Habilitation Specialist (HS) confirmed that program training data collection was correct in the electronic system. Further interview with the HS confirmed that program training data collection was not being

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collected due to staff turnover and staff unable to log into the electronic system. Continued interview with HS revealed that paper documents were placed in the home for two months to collect training data; however, no data could be located.

B. Review on 9/3/25 of client #2's PCP dated 3/20/25 revealed formal training programs as follows: (1st & 2nd) Leisure Activity Step 2/4 - scheduled weekly; (1st & 2nd) Slow Rate of Eating - scheduled weekly; (2nd) Steps Step 1/5 - scheduled weekly; (1st) Community Integration Step 4/4 - scheduled weekly; (1st & 2nd) Yard Tasks Step 2/3 - scheduled weekly; (1st) Tidy up room Step 1/2 - scheduled weekly. Client #2's programs are not being implemented at a frequency enough for the client to meet the goals.

Review on 9/3/25 of client #2's programs in the electronic system revealed the last documented data collection was on 4/26/25, 5/2/25, 5/3/25, and 6/9/25. There was no further documentation available for review.

Interview on 9/3/25 with HS confirmed that program training data collection was correct in the electronic system. Further interview with the HS confirmed that program training data collection was not being collected due to staff turnover and staff unable to log into the electronic system. Continued interview with HS revealed that paper documents were placed in the home for two months to collect training data; however, no data could be located.

C. Review on 9/3/25 of client #3's PCP dated 7/22/24 revealed formal training programs as follows: (2nd) Bathing Step 1/7 - scheduled weekly; (1st) Color and Shape Flashcards Step

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2/3 - scheduled weekly; (1st & 2nd) Brushing Teeth Step 2/4 - scheduled weekly; (2nd) Turn on Light Step 1/5 - scheduled weekly; (1st & 2nd) Utilize Tablet Step 1/3 - scheduled weekly; (2nd) Handed Spoon Step 1/3 - scheduled weekly; (1st) Community Integration Step 3/4 - scheduled weekly. Client #3's programs are not implemented at a frequency enough for the client to meet the goals

Review on 9/3/25 of client #3's programs in the electronic system revealed the last documented data collection was on 4/26/25. There was no further documentation available for review..

Interview on 9/3/25 with HS confirmed that program training data collection was correct in the electronic system. Further interview with the HS confirmed that program training data collection was not being collected due to staff turnover and staff unable to log into the electronic system. Continued interview with HS revealed that paper documents were placed in the home for two months to collect training data; however, no data could be located.

D. Review on 9/3/25 of client #4's PCP dated 9/6/24 revealed training programs as follows: (1st) Community Integration Step 1/4 - scheduled weekly; (1st) Choose Shirt Step 1/4 - scheduled weekly; (Toileting Schedule Step 1/4 - scheduled weekly; (1st & 2nd) Brush Teeth step 1/4 - scheduled Daily. Client #4's programs are not being implemented at a frequency enough for the client to meet the goals.

Review on 9/3/25 of client #4's programs in the electronic system revealed the last documented data collection was on 4/26/25. There was no

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W 249	Continued From page 5 further documentation available for review. Interview on 9/3/25 with HS confirmed that program training data collection was correct in the electronic system. Further interview with the HS confirmed that program training data collection was not being collected due to staff turnover and staff unable to log into the electronic system. Continued interview with HS revealed that paper documents were placed in the home for two months to collect training data; however, no data could be located. E. Review on 9/3/25 of client #5's PCP dated 6/26/24 revealed training programs as follows: (2nd) Socialization II Step 1/4 - scheduled weekly; (1st) Dishwasher Step 2/5 - scheduled weekly; (1st) Bathing Step 1/5 - scheduled weekly; (1st) Trim fingernails Step 1/4 -scheduled weekly; (1st) Community Integration Step 4/4 - scheduled weekly; (1st) OSG OT Exercises - scheduled weekly. Client #5's programs are not implemented at a frequency enough for the client to meet the goals. Review on 9/3/25 of client #5's programs in the electronic system revealed the last documented data collection was on 4/26/25. There was no further documentation available for review. Interview on 9/3/25 with HS confirmed that program training data collection was correct in the electronic system. Further interview with the HS confirmed that program training data collection was not being collected due to staff turnover and staff unable to log into the electronic system. Continued interview with HS revealed that paper documents were placed in the home for two months to collect training data; however, no data could be located.	W 249		

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W 249	Continued From page 6 F. Review on 9/3/26 of client #6's PCP dated 11/15/24 revealed training programs as follows: (1st) Community Integration Step 3/4 - scheduled weekly; (1st & 2nd) Thoroughly Wash Hands Step 3/6 - scheduled weekly; (1st) Visual Schedule Step 1/3 - scheduled weekly; (1st & 2nd) Art Step 1/5 - scheduled weekly; (1st) Make Bed Step 3/6 - scheduled weekly; (1st & 2nd) Teeth Brushing Step 1/5 - scheduled weekly; (1st) Make Coffee Step 1/4 - scheduled weekly; (1st & 2nd) OSG Slow Rate of Eating - scheduled daily. Client #6's programs are not implemented at a frequency enough for the client to meet the goals. Review on 9/3/25 of client #6's programs in the electronic system revealed the last documented data collection was on 4/26/25. There was no further documentation available for review. Interview on 9/3/25 with HS confirmed that program training data collection was correct in the electronic system. Further interview with the HS confirmed that program training data collection was not being collected due to staff turnover and staff unable to log into the electronic system. Continued interview with HS revealed that paper documents were placed in the home for two months to collect training data; however, no data could be located.	W 249		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.	W 252		

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This STANDARD is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 6 of 6 audit clients (#1, #2, #3, #4, #5, and #6). The findings are:

A. Review on 9/3/25 of client #1's person-centered plan (PCP) dated 4/25/23 revealed formal training programs as follows: (1st) Laundry Settings Step 2/2 - scheduled weekly; (2nd) Dishwasher Step 1/3- scheduled weekly; (1st) Food Flashcards - scheduled weekly; (1st & 2nd) Walking Step 1/3 - scheduled weekly; (1st) Community Integration Step 4/4 - scheduled weekly; (1st) Glasses reminder Step 2/4 - scheduled weekly.

Review on 9/3/25 of client #1's programs in the electronic system revealed the last documented data collection was on 4/26/25, 6/9/25, and 8/4/25. There was no further documentation available for review.

Interview on 9/3/25 with the Habilitation Specialist (HS) confirmed that program training data collection was correct in the electronic system. Further interview with the HS confirmed that program training data collection was not being collected due to staff turnover and staff unable to log into the electronic system. Continued interview with HS revealed that paper documents were placed in the home for two months to collect training data; however, no data could be located.

Interview on 9/3/25 with the Facility Administrator

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(FA) revealed that she had no knowledge that the client's training program data were not being collected. Further interview with the FA revealed that the facility will ensure data collection takes place for the client's training programs.

B. Review on 9/3/25 of client #2's PCP dated 3/20/25 revealed formal training programs as follows: (1st & 2nd) Leisure Activity Step 2/4 - scheduled weekly; (1st & 2nd) Slow Rate of Eating - scheduled weekly; (2nd) Steps Step 1/5 - scheduled weekly; (1st) Community Integration Step 4/4 - scheduled weekly; (1st & 2nd) Yard Tasks Step 2/3 - scheduled weekly; (1st) Tidy up room Step 1/2 - scheduled weekly.

Review on 9/3/25 of client #2's programs in the electronic system revealed the last documented data collection was on 4/26/25, 5/2/25, 5/3/25, and 6/9/25. There was no further documentation available for review.

Interview on 9/3/25 with HS confirmed that program training data collection was correct in the electronic system. Further interview with the HS confirmed that program training data collection was not being collected due to staff turnover and staff unable to log into the electronic system. Continued interview with HS revealed that paper documents 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 no knowledge that the client's training program data were not being collected. Further interview with the FA revealed that the facility will ensure data collection takes place for the client's training programs.

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C. Review on 9/3/25 of client #3's PCP dated 7/22/24 revealed formal training programs as follows: (2nd) Bathing Step 1/7 - scheduled weekly; (1st) Color and Shape Flashcards Step 2/3 - scheduled weekly; (1st & 2nd) Brushing Teeth Step 2/4 - scheduled weekly; (2nd) Turn on Light Step 1/5 - scheduled weekly; (1st & 2nd) Utilize Tablet Step 1/3 - scheduled weekly; (2nd) Handed Spoon Step 1/3 - scheduled weekly; (1st) Community Integration Step 3/4 - scheduled weekly.

Review on 9/3/25 of client #3's programs in the electronic system revealed the last documented data collection was on 4/26/25. There was no further documentation available for review.

Interview on 9/3/25 with HS confirmed that program training data collection was correct in the electronic system. Further interview with the HS confirmed that program training data collection was not being collected due to staff turnover and staff unable to log into the electronic system. Continued interview with HS revealed that paper documents 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 no knowledge that the client's training program data were not being collected. Further interview with the FA revealed that the facility will ensure data collection takes place for the client's training programs.

D. Review on 9/3/25 of client #4's PCP dated 9/6/24 revealed training programs as follows: (1st) Community Integration Step 1/4 - scheduled

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weekly; (1st) Choose Shirt Step 1/4 - scheduled weekly; (Toileting Schedule Step 1/4 - scheduled weekly; (1st & 2nd) Brush Teeth step 1/4 - scheduled Daily.

Review on 9/3/25 of client #4's programs in the electronic system revealed the last documented data collection was on 4/26/25. There was no further documentation available for review.

Interview on 9/3/25 with HS confirmed that program training data collection was correct in the electronic system. Further interview with the HS confirmed that program training data collection was not being collected due to staff turnover and staff unable to log into the electronic system. Continued interview with HS revealed that paper documents 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 no knowledge that the client's training program data were not being collected. Further interview with the FA revealed that the facility will ensure data collection takes place for the client's training programs.

E. Review on 9/3/25 of client #5's PCP dated 6/26/24 revealed training programs as follows: (2nd) Socialization II Step 1/4 - scheduled weekly; (1st) Dishwasher Step 2/5 - scheduled weekly; (1st) Bathing Step 1/5 - scheduled weekly; (1st) Trim fingernails Step 1/4 -scheduled weekly; (1st) Community Integration Step 4/4 - scheduled weekly; (1st) OSG OT Exercises - scheduled weekly.

Review on 9/3/25 of client #5's programs in the

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electronic system revealed the last documented data collection was on 4/26/25. There was no further documentation available for review.

Interview on 9/3/25 with HS confirmed that program training data collection was correct in the electronic system. Further interview with the HS confirmed that program training data collection was not being collected due to staff turnover and staff unable to log into the electronic system. Continued interview with HS revealed that paper documents 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 no knowledge that the client's training program data were not being collected. Further interview with the FA revealed that the facility will ensure data collection takes place for the client's training programs.

F. Review on 9/3/26 of client #6's PCP dated 11/15/24 revealed training programs as follows: (1st) Community Integration Step 3/4 - scheduled weekly; (1st & 2nd) Thoroughly Wash Hands Step 3/6 - scheduled weekly; (1st) Visual Schedule Step 1/3 - scheduled weekly; (1st & 2nd) Art Step 1/5 - scheduled weekly; (1st) Make Bed Step 3/6 - scheduled weekly; (1st & 2nd) Teeth Brushing Step 1/5 - scheduled weekly; (1st) Make Coffee Step 1/4 - scheduled weekly; (1st & 2nd) OSG Slow Rate of Eating - scheduled daily.

Review on 9/3/25 of client #6's programs in the electronic system revealed the last documented data collection was on 4/26/25. There was no further documentation available for review.

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W 252	Continued From page 12 Interview on 9/3/25 with HS confirmed that program training data collection was correct in the electronic system. Further interview with the HS confirmed that program training data collection was not being collected due to staff turnover and staff unable to log into the electronic system. Continued interview with HS revealed that paper documents 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 no knowledge that the client's training program data were not being collected. Further interview with the FA revealed that the facility will ensure data collection takes place for the client's training programs.	W 252		
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the person-centered plans (PCPs) were revised at least annually for 3 of 6 audited clients (#1, #3, and #5). The findings are: Review of records on 9/3/25 for client #1 revealed a PCP dated 4/25/23. There was no additional documentation provided to show evidence that client #1's PCP meeting had taken place and updated since 4/25/23, making the PCP over 1 year and 4 months late. Review of records on 9/3/25 for client #3 revealed a PCP dated 7/22/24. There was no additional	W 260		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINEBROOK GROUP HOME	301 ERKWOOD DRIVE HENDERSONVILLE, NC 28791

(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) COMPLETION DATE
W 260	Continued From page 13 documentation provided to show evidence that client #3's PCP meeting had taken place and updated since 7/22/24, making the PCP over 1 month late. Review of records on 9/3/25 for client #5 revealed a PCP dated 6/26/24. There was no additional documentation provided to show evidence that client #5's PCP meeting had taken place and updated since 6/26/24, making the PCP over 2 months late. Interview on 9/3/25 with the Facility Administrator confirmed that client #1's, #3's and #5's current plans are expired. Continued interview with the Facility Administrator revealed that there is no evidence that the PCP meetings have taken place.	W 260		