STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL044-053	A. BUILDING: _____ B. WING _____	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VISTA GROUP HOME	38 THOMAS PARK DRIVE WAYNESVILLE, NC 28786

(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 A complaint survey was completed on September 30, 2025. The complaint was substantiated (Intake #NC00233496). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G 5600A. Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of an audit of 1 current client.	V 000		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices,	V 291		

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V 291	Continued From page 1 needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to maintain coordination of services between the facility operator and the qualified professionals who are responsible for treatment/habilitation for 1 of 1 audited client (Client #1). The findings are: Review on 9/29/25 of Client #1's record revealed: -Date of Admission: 6/26/24 -Diagnoses: Schizoaffective Disorder Bipolar Type, Post Traumatic Stress Disorder, Social Anxiety, Unspecified Intellectual Developmental Disability. Interview on 9/29/25 with a local health care provider revealed: -Client #1 had missed two appointments in their office. -Client #1 had missed one appointment in another local health care providers office. -Had no other concerns other to ensure Client #1 would be able to get to appointments. Interview on 9/29/25 with Client #1 revealed: -Did not remember if she had missed any appointments. Interview on 9/29/25 with Staff #1 revealed: -Was unaware of any missed appointments until the local department of social services came to	V 291		

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V 291	Continued From page 2 the facility. -If appointments had been missed, they weren't written on the schedule/calendar. -Appointments were written on the calendar and it was the responsibility of staff to check the calendar upon the starting of your shift. -"Today when I got here, I looked and I saw two appointments today." -"Former staff just didn't take her (Client #1 to her appointment)." -"We do a lot of running to doctors and back. That is a lot of what we do here." -"If it is on the calendar, we get them to it." Interview on 9/29/25 with the Group Home Manager revealed: -"One of the staff had not looked at the calendar until after the appointment had been missed." -The other two appointments were not on the calendar. -Was not sure who made those or when they had been made. -Had not received any telephone calls regarding the missed appointments. -"Once we realized we missed an appointment, we called and rescheduled." -Would be setting up a group chat/text group to ensure all staff were aware of appointments. -"We have been very conscientious...I really don't think we have missed anyone else (for appointments)."	V 291		