Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED			
			A. BUILDING: _			
		MHL044-035	B. WING		09/26/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
HAYWOOI	COUNTY GROUP HOM	E #2	ARY MEADOW			
	OLUMBA DV OT		LLE, NC 2878			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
		•				
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disability.				
		d for 5 and has a current vey sample consisted of ents.				
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112			
	10A NCAC 27G .0205 TREATMENT/HABILI PLAN	5 ASSESSMENT AND TATION OR SERVICE				
	assessment, and in p legally responsible pe					
	•) that are anticipated to be n of the service and a ievement;				
	(4) a schedule for re	view of the plan at least on with the client or legally r both;				
	responsible party, or a provider stating why s	t; and or agreement by the client or a written statement by the such consent could not be				
	obtained.					

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL044-035	B. WING		09/26/2025	
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
HAYWOOI	COUNTY GROUP HOM	E #2 226 SOLITA	ARY MEADOW	CIRCLE		
TIAI 11001		WAYNESV	ILLE, NC 2878	6		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 112	failed to develop and strategies based on caudited clients, (#3). Review on 9/23/25 of -Date of Admission: 9 -Diagnoses: Intellectud Moderate; Unspecifie Conduct Disorder; Au Unspecified; and Aller -"Action Plan: Short To 5/31/25 revealed:[Confrequent lying, stealing other residents, and loreceive supportto contact that help her stay safer -"In past placements, as stealing from other -Behavior Logs from the 3/3/25, and 5/29/25, whaving another client" roomNo residential goals of the strategies and s	as evidenced by: ew and interview the facility implement treatment lient needs for 1 of 3 The findings are: Client #3's record revealed: /2/23. ial Developmental Disability, d Impulse Control and tism; Anxiety Disorder,	V 112			
	6/1/24.	e on treatment plan dated				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL044-035	B. WING		09/26/2025
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	JE ZIP CODE	1 03/20/2023
		226 SOLITA	ARY MEADOW		
HAYWOO	D COUNTY GROUP HOM	E #2	ILLE, NC 2878		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETE
V 112	Continued From page	2	V 112		
	Attempted Interview of revealed: -Did not respond direct	on 9/23/25 with Client #1			
	-Her room was the or unlocked in the facility -Could get into any be -Was allowed to be in this facility to keep, "s	y during the day. edroom by using a pen. her bedroom by herself at eelf-occupied." ent than the other clients in			
	(NAC#4) revealed: -Staff locked her bedrone goes in and steal	with Non-Audited Client #4			
	(NAC#5) revealed: -Her bedroom was loo want anyone to go in	with Non-Audited Client #5 cked, "because we don't' there and steal stuff." o keep Client #3 out of her			
	were locked during th -This was because th bedroomsClient #3 took from c -Stealing had been ar last November-Decer	evealed: t staffed. ind Client #5's bedrooms e day. ings went missing from their dients she could manipulate. in issue with Client #3 since			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED
		MHL044-035	B. WING		0:	9/26/2025
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
HAYWOO	D COUNTY GROUP HOM	1E #2	ITARY MEADOW C SVILLE, NC 28786	IRCLE		
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 112	during the day but wa -The last time staff fo belongings in Client # 3-4 weeks ago when -There were no speci treatment plan for sta address Client #3's s clients' rooms. Interview on 9/26/25 -Worked overnight in -Not aware of strateg plan that addressed (into other clients' rood - "It didn't seem to ma #3] still does it (steals Interview on 9/26/25 Professional (QP) rev -Was the QP over the and developed treatm -Client #3's stealing v -The treatment team	anted to protect their stuff. und another client's #3's room was approximately she took Client #1's ring. fic strategies in Client #3's iff to use at the facility to tealing and going in other with Staff #2 revealed: the facility. ies in Client #3's treatment Client #3's stealing and going ms. atter what (staff) do; "[Client s)." with the Qualified yealed: e facility, supervised staff, nent plans. vas an ongoing issue. was trying different things to behavior(s) in the facility and sitive.	V 112			
V 364		ional Rights in 24 Hour	V 364			
	122C-51 through G.S who is receiving treat 24-hour facility keeps (1) Send and receiv	rights enumerated in G.S. 5. 122C-61, each adult client ment or habilitation in a the right to: e sealed mail and have erial, postage, and staff				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL044-035	B. WING		09/2	6/2025
	ROVIDER OR SUPPLIER D COUNTY GROUP HOM	226 SOLITA	RESS, CITY, STA ARY MEADOW LLE, NC 2878	CIRCLE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 364	and at no cost to the physicians, and private developmental disability professionals of his control (3). Contact and constitute is a client advoct The rights specified in restricted by the facility exercise these rights (b). Except as provide of this section, each attreatment or habilitation times keeps the right (1). Make and received calls. All long distance the client at the time of collect to the receiving (2). Receive visitors a.m. and 9:00 p.m. for hours daily, two hours p.m.; however visiting over therapies; (3). Communicate and supervision with indiviction upon the consent of the consent of the result of the client violent crime, including assault with a deadly respondent was found insanity or incapable b. The client was vocommitted to the facilic commitment to a correct the consent of the commitment to a correct to the facilic commitment to a correct the consent of the client was vocommitted to the facilic commitment to a correct the consent of the client was vocommitted to the facilic commitment to a correct the consent of the client was vocommitted to the facilic commitment to a correct the consent of the client was vocommitted to the facilic commitment to a correct the consent of the client was vocommitted to the facilic commitment to a correct the client was vocommitted to the facilic commitment to a correct the client was vocommitted to the facilic commitment to a correct the client was vocommitted to the facilic commitment to a correct the client was vocommitted to the facilic commitment to a correct the client was vocommitted to the facilic commitment to a correct the client was vocommitted to the facilic commitment to a correct the client was vocommitted to the facilic commitment to a correct the client was vocommitted to the facilic commitment to a correct the client was vocommitted to the facilic commitment to a correct the client was vocommitted to the facilic commitment to a correct the client was vocommitted to the facilic correct the client was vocommitted to the facilic correct the clien	sult with, at his own expense facility, legal counsel, private te mental health, lities, or substance abuse hoice; and sult with a client advocate if cate. In this subsection may not be ty and each adult client may at all reasonable times. ed in subsections (e) and (h) adult client who is receiving on in a 24-hour facility at all to: It confidential telephone ed calls shall be paid for by of making the call or made go party; In the period of at least six is of which shall be after 6:00 or a period of at least six is of which shall be after 6:00 or a horizontal telephone individuals; is defined the custody of the facility ceedings were initiated as it's being charged with a large a crime involving an weapon, and the donot guilty by reason of of proceeding; bluntarily admitted or ity while under order of	V 364			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
74101 1541	or connection	ibertii iomior nomber.	A. BUILDING: _	A. BUILDING:			
		MIII 044 025	B. WING		00/00/0005		
		MHL044-035	5		09/26/2025	-	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE			
HAYWOO	D COUNTY GROUP HOM	1F #2 226 SOLI	TARY MEADOW	CIRCLE			
HAIWOO	B GOONTT CROOT TION	WAYNES	VILLE, NC 2878	36			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	Ē	
V 364	Continued From page	e 5	V 364				
		ng held to determine capacity					
	to proceed pursuant t						
		pressly authorize visits					
		by the existence of the					
	conditions prescribed						
		daily and have access to					
	several times a week	ent for physical exercise					
		, pited by law, keep and use					
		I possessions, unless the					
		determine capacity to					
	proceed pursuant to						
	(7) Participate in reli						
		a reasonable sum of his					
	own money;						
	` '	license, unless otherwise					
		r 20 of the General Statutes;					
	and						
	(10) Have access to i his private use.	ndividual storage space for					
	(c) In addition to the	rights enumerated in G.S.					
	122C-51 through G.S						
	_	S. 122C-61, each minor client					
	_	ment or habilitation in a					
	,	ne right to have access to					
	proper adult supervis						
	_	nor's status as a developing					
	individual, the minor s	le him to mature physically,					
	emotionally, intellectu						
	_	of the physical, emotional,					
		turity of the minor, the					
	24-hour facility shall p	•					
		and control consistent with					
		e minor pursuant to this Part.					
		, where practical, make					
	reasonable efforts to	ensure that each minor					
		ent apart and separate from					
		ne treatment needs of the					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL044-035	B. WING		09/2	6/2025
	ROVIDER OR SUPPLIER D COUNTY GROUP HOM	226 SOLITA	RESS, CITY, STA	CIRCLE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 364	habilitation from a 24- (1) Communicate and guardian or the agency custody of him; (2) Contact and consorthat of his legally recost to the facility, leg physicians, private medisabilities, or substantis or his legally respective (3) Contact and consthere is a client advoct The rights specified in restricted by the facility may exercise these rived (d) Except as provide of this section, each intreatment or habilitation the right to: (1) Make and received distance calls shall be time of making the careceiving party; (2) Send and received writing materials, possible when necessary; (3) Under appropriation visitors between the high p.m. for a period of at hours of which shall be visiting shall not take therapies; (4) Receive special of training in accordance (5) Be out of doors of	cherwise. Do is receiving treatment or chour facility has the right to: Indiconsult with his parents or coy or individual having legal stult with, at his own expense esponsible person and at no cal counsel, private ental health, developmental nece abuse professionals, of consible person's choice; and stult with a client advocate, if cate. In this subsection may not be try and each minor client ghts at all reasonable times. The end in subsections (e) and (h) minor client who is receiving on in a 24-hour facility has the telephone calls. All long the paid for by the client at the lill or made collect to the the end and staff assistance the supervision, receive the end of 8:00 a.m. and 9:00 aleast six hours daily, two the after 6:00 p.m.; however precedence over school or education and vocational the with federal and State law; call exercise on a regular	V 364			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	l \ /	SURVEY PLETED	
		MHL044-035	B. WING		09	/26/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
HAYWOO	D COUNTY GROUP HOM	226 SOLIT	TARY MEADOW	CIRCLE		
TIAI WOO		WAYNES	/ILLE, NC 2878	6		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 364	(6) Except as prohib	ited by law, keep and use	V 364			
ı	personal clothing and					
		on, unless the client is being pacity to proceed pursuant to				
	G.S. 15A-1002;					
	(7) Participate in reli					
	the safekeeping of pe	ndividual storage space for				
		and spend a reasonable sum				
	of his own money; an					
	` '	license, unless otherwise				
	-	20 of the General Statutes.				
	` '	ated in subsections (b) or (d)				
	_	e limited or restricted except ssional responsible for the				
		nt's treatment or habilitation				
		ent shall be placed in the				
	="	licates the detailed reason				
	for the restriction. The	e restriction shall be				
	reasonable and relate	ed to the client's treatment or				
	habilitation needs. A	restriction is effective for a				
		30 days. An evaluation of				
	each restriction shall					
		at least every seven days,				
		riction may be removed.				
	Each evaluation of a	ent's record. Restrictions on				
	rights may be renewe					
		the qualified professional in				
	1	t states the reason for the				
		tion. In the case of an adult				
		en adjudicated incompetent,				
	in each instance of ar	n initial restriction or renewal				
	_	ts, an individual designated				
		on the consent of the client,				
		riction and of the reason for				
		nor client or an incompetent				
		y responsible person shall				
	pe notified of each ins	stance of an initial restriction				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		MHL044-035	B. WING	·	09	0/26/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE	·	
		226 SOI	ITARY MEADOW O	CIRCLE		
HAYWOO	D COUNTY GROUP HO	ME #2 WAYNE	SVILLE, NC 28786			
(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 T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 364	Continued From pag	e 8	V 364			
	reason for it. Notifica individual or legally r	ction of rights and of the tion of the designated esponsible person shall be g in the client's record.				
	failed to ensure clien restricting clients' acc affecting 1 of 3 audit	as evidenced by: few and interview, the facility t rights in a 24 hour facility by cess to their bedrooms, ed clients (#1) and 2 of 2 (NAC #4 and NAC #5). The				
	-Date of Admission: -Diagnoses: Intellect Moderate; Adjustment Essential Tremor; Er Control DisorderNo documentation of	f Client #1's record revealed: 1/21/23. ual Developmental Disability, nt Disorder with Anxiety; ncephalopathy, and Impulse of approval from the Human r restriction to access				
	Attempted interview revealed: -Did not respond dire	on 9/23/25 with Client #1				
	-Her bedroom was lo one goes in and stea -Confirmed that this her room. -Had to ask staff to u wanted to go in her b	with NAC #4 revealed: cked during the day, "so no als everything." was to keep Client #3 out of nlock her bedroom if she bedroom during the day. her, "Wait a minute, I'm busy				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL044-035	B. WING		09	9/26/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
HAVWOO	D COUNTY GROUP HOM	226 SOL	ITARY MEADOW C	IRCLE			
HATWOO	D COUNTY GROUP HOW	WAYNES	VILLE, NC 28786				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 364	Continued From page	9	V 364				
	askedHad a TV in her roon to watch the show CC-Group Home Coordin	k her bedroom when she n for personal use and liked DPS. nator (GHC) wouldn't let her ving room of the facility.					
	-Her bedroom was loo want anyone to go in -Confirmed this was to roomAllowed access to be certain staff members -The GHC wouldn't leday "I am able to go in mice, she'll let me." -The GHC was supportoom. She didn't know happenLiked to watch different	er bedroom only when sworked. It her in her room during the my room If I ask real [GHC] used to give her a key to her when this was going to					
	Interview on 9/23/25 v -Was the group home -Worked the day shift facility was short staff -All the clients had TV -Locked Client #1 and during the day to keep stealingWould allow clients to during the day if they unlock the doorDenied that there have requested to go into to allowed. A client may while she was helping	typically by herself. The red. /s in their bedrooms. d Client #5's bedrooms p Client #3 out, due to o go into their bedrooms asked her, and she would d been a time that a client heir bedroom and it wasn't y have had to wait a minute					

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	IFICATION NUMBER:	A. BUILDING: _		COMPLETED
MU				
MALI				
INILI	L044-035	B. WING		09/26/2025
NAME OF PROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE	
HAVMOOD COUNTY CROUD HOME #2	226 SOLITA	RY MEADOW	CIRCLE	
HAYWOOD COUNTY GROUP HOME #2	WAYNESVII	LLE, NC 2878	6	
(X4) ID SUMMARY STATEMENT OF PREFIX (EACH DEFICIENCY MUST BE P REGULATORY OR LSC IDENTIFY	RECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 364 Continued From page 10		V 364		
doors were locked. -There was a rotating schedule movie nights in which clients go watch in the living room. -Did not allow certain shows or played in the living room because behavior(s) with certain clients. Interview on 9/26/25 with Staff and -Allowed clients to be in their because allowed them to watch what the subsential interview on the subsential intervie	movies to be se they caused #2 revealed: edrooms and ey wanted on TV, ents not being aduring the day decause it had le. e locked during the eand getting into heir rooms to ose," (if their lately catered to aviors when so which wasn't fair lately caterial supervised staff. I was not a en signed off by the lately catered in	V 364		

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