

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/12/2025
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

P & W GROUP HOMES

**2636 WARRENTON ROAD
HENDERSON, NC 27537**

(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 9/12/25. The complaint was unsubstantiated (intake #NC00232858). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000	RECEIVED OCT 06 2025 DHSR-MH Licensure Sect	
V 139	27G .0404 (F-L) Operations During Licensed Period 10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD (f) DHSR shall conduct inspections of facilities without advance notice. (g) Licenses for facilities that have not served any clients during the previous 12 months shall not be renewed. (h) DHSR shall conduct inspections of all 24-hour facilities an average of once every 12 months, to occur no later than 15 months as of July 1, 2007. (i) Written requests shall be submitted to DHSR a minimum of 30 days prior to any of the following changes: (1) Construction of a new facility or any renovation of an existing facility; (2) Increase or decrease in capacity by program service type; (3) Change in program service; or (4) Change in location of facility. (j) Written notification must be submitted to DHSR a minimum of 30 days prior to any of the following changes:	V 139		

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

TITLE

(X6) DATE

[Signature]
STATE FORM

Clinical Director

10/2/25

6899

B28H11

If continuation sheet 1 of 8

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V 139	Continued From page 1 (1) Change in ownership including any change in partnership; or (2) Change in name of facility. (k) When a licensee plans to close a facility or discontinue a service, written notice at least 30 days in advance shall be provided to DHSR, to all affected clients, and when applicable, to the legally responsible persons of all affected clients. This notice shall address continuity of services to clients in the facility. (l) Licenses shall expire unless renewed by DHSR for an additional period. Prior to the expiration of a license, the licensee shall submit to DHSR the following information: (1) Annual Fee; (2) Description of any changes in the facility since the last written notification was submitted; (3) Local current fire inspection report; (4) Annual sanitation inspection report, with the exception of a day/night or periodic service that does not handle food for which a sanitation inspection report is not required; and (5) The names of individuals who are owner, partners or shareholders holding an ownership or controlling interest of 5% or more of the applicant entity. This Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to submit a written request to the Division of Health Service Regulation (DHSR) a minimum of 30 days prior to any change in decrease in capacity. The findings are:	V 139		

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V 139	Continued From page 2 Review on 9/10/25 of the facility's 2025 Division of Health Service Regulation license revealed: - Capacity: 5 Observation and interview on 9/10/25 at approximately 11:52AM the Qualified Professional reported: - No current space for a 4th or 5th client - The room by the kitchen "used to be 2 client bedroom" but no one has used it since "like 2019" and indicated a room that contained a foosball table and a picnic-style folding table and no beds - The Licensee "turned it (the room) into a gaming area" in "like June or July" 2025 Interview on 9/11/25 the House Manager reported: - "I don't remember" when the room was changed - The Licensee "done that" Interview on 9/11/25 the QP reported: - "We're probably going to change the licensing over to 3 from 5" - Updating the license "would be a [Licensee] thing" Interview on 9/11/25 the Licensee reported: - "I'm not really sure" when the room was changed from a bedroom to a game room - "It was basically that we would put the bed in the thing (shed), and we would put the bed back if we got another client" - "It was never permanent" and "if we get another referral, we will put it back to a bedroom" - He was aware of the rule "but I don't think they mean like in an hour, cause it would only take an hour to get the bed back out" and he "figured we would do something (a game room) for the rest of the clients"	V 139	V 139 P&W has furnished the room in question to meet the capacity requirement under our licensure to be able to house 2 additional members in the home.	October 2 2025

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V 139	Continued From page 3 - "I don't want to do that (update the license), so I'll put it back"	V 139		
V 513	27E .0101 Client Rights - Least Restrictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to use the least restrictive and most appropriate method for 1 of 3 clients (#3). The findings are:	V 513		

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V 513	Continued From page 4 Review on 9/10/25 of client #3's record revealed: - Admitted: 2/5/10 - Diagnoses: Unspecified Schizophrenia Spectrum and Other Psychotic Disorder; Moderate Intellectual Disability; Cannabis Use Disorder; Oppositional Defiant Disorder - Treatment plan dated 9/3/25 had no goal or intervention to address client #3's rights of cigarette usage - No authorization for the restriction of client #3's cigarettes Interview on 9/11/25 client #3 reported: - "I don't know how long" ago the restriction for cigarettes was started - He got 3 cigarettes in the morning and 3 each evening - The cigarettes were kept in a black pouch, and he had to ask for one each time he wanted to smoke - "I tried to ask for more (cigarettes), but they (staff) won't give me more" - Did not make the decision and did not know who had made the decision to restrict his cigarettes Interview on 9/10/25 staff #1 reported: - Client #3 received 3 cigarettes each morning and 3 cigarettes each afternoon - The cigarettes were put in a black pouch and client #3 could ask for a cigarette when he wanted one - Did not remember when the restriction started and did not know who had put the restriction in place Interview on 9/11/25 the House Manager reported: - Client #3 got "3 cigarettes in the morning per	V 513	V 513 P&W will avoid implementing restrictive measures without signed consent from guardian, primary care physician or unless instructed by the courts.	October 2 2025

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V 513	Continued From page 5 his guardian...and 3 in the afternoon per his guardian" - Did not remember when the restriction was put in place Interview on 9/11/25 the Qualified Professional reported: - "It's been years" since the restriction for client #3's cigarettes was put in place - Client #3 had been giving away his cigarettes and his guardian "said since he had extra to give away, they would restrict how many he had" - Client #3's physician "said to cut them down (smoking cigarettes)" - There were "discussions with psychiatrist to encourage him (client #3) to stop smoking" - The facility never received anything in writing regarding the restriction of client #3's cigarettes - "At one time, we had it in his (client #3) plan" and "it was 5 (cigarettes in the morning) and 5 (cigarettes at night) then got it down to 3 and 3" - Did not know why the restriction of client #3's cigarettes was not in the current treatment plan	V 513		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility and its grounds were not maintained in a clean, attractive, and orderly manner. The findings are: Observation at 11:52AM on 9/10/25 revealed:	V 736		

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V 736	Continued From page 6 - Clients' bathroom - Black substance on the top of the shower wall - Black substance throughout the grout in the shower and on the floor - Black substance in the grooves of the tile in the shower - Missing a slat on the blinds - A broken slat on blinds in client #2's bedroom - 3 patches of white spackle on the wall in the hallway each approximately 3 inches by 2 inches - Patch of white spackle on the wall in the dining area of the kitchen approximately 10 inches long and 5 inches wide - 3-foot crack on the wall leading down from the right side of the electrical panel in the dining area of the kitchen - Missing paint on the ceiling beside the kitchen light approximately 10 inches by 4 inches Interview on 9/10/25 staff #1 reported: - Worked at the facility "about 3 ½ years" - The crack in the wall by the electrical panel had "been like that" but couldn't remember how long - Client #2 "tore the blinds up" - When repairs were needed staff called the Licensee and the Licensee "usually get somebody" to do the repair - Staff was responsible to "make sure place (facility) is tidy" - The Licensee was responsible for all repairs and maintenance for the facility Interview on 9/11/25 the House Manager reported: - The Licensee was responsible for maintenance and repairs at the facility - When something needs fixed "we'll call him (Licensee)"	V 736	V 736 P&W has hired a contractor to to complete all needed repairs in the home. P&W has purchase extra blinds for the home, to ensure extras are on hand to change blinds when broken. Hor manager will be responsible for monitoring home for repairs to report to licensee, so a contract can be contacted to make repair when noticed by home manger, staff or members of the home.	October 11 2025

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V 736	Continued From page 7 Interview and observation on 9/10/25 the Qualified Professional reported: - "Whenever something happens, staff will notify either me or notify [Licensee], and [Licensee] will either call the repairman or will come out and fix stuff like that" (motioning to wall with spackle in the hallway) - The Licensee was responsible for all repairs at the facility Interview on 9/11/25 the Licensee reported: - "We replace the blinds twice a year regularly...in March and usually do it again at Thanksgiving" - "If we replaced each time (a slat broke on the blinds), we'd be replacing everyday" - "I would be responsible" for all repairs and maintenance - The staff "would report it (needed repair) to the house manager and they would get it to me" and he would get the repair completed This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		