

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/26/2025
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NAME OF PROVIDER OR SUPPLIER HAYWOOD COUNTY GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 226 SOLITARY MEADOW CIRCLE WAYNESVILLE, NC 28786
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(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	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on September 26, 2025. The complaint was substantiated (NC#00233207). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living For Adults with Developmental Disability.</p> <p>This facility is licensed for 5 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

[Handwritten Signature]

TITLE

[Handwritten Title: Executive Director]

(X6) DATE

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V 112	Continued From page 1 <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement treatment strategies based on client needs for 1 of 3 audited clients, (#3). The findings are:</p> <p>Review on 9/23/25 of Client #3's record revealed: -Date of Admission: 9/2/23. -Diagnoses: Intellectual Developmental Disability, Moderate; Unspecified Impulse Control and Conduct Disorder; Autism; Anxiety Disorder, Unspecified; and Allergic Rhinitis. -"Action Plan: Short Term Goals dated 6/1/24 to 5/31/25 revealed: ...[Client #3] has exhibited frequent lying, stealing, aggression, ...bullying other residents, and losing her temper ...will receive support ...to continue developing skills that help her stay safe and healthy at home ..." -"In past placements, [Client #3] has been noted as stealing from other residents and caretakers." -Behavior Logs from the facility dated, 2/23/25, 3/3/25, and 5/29/25, were related to Client #3 having another client's personal property in her room. -No residential goals or treatment strategies related to Client #3 stealing and going in to client bedrooms. -No guardian signature on treatment plan dated 6/1/24.</p>	V 112	<p><i>At the time of admission Client #3 was state funded, and was moved to an Annotation Waiver on 6/1/24. - Copy of PCP prior to 6/1/24 is attached.</i></p>	

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V 112	<p>Continued From page 2</p> <p>Attempted Interview on 9/23/25 with Client #1 revealed: -Did not respond directly to questions.</p> <p>Interview on 9/23/25 with Client #3 revealed: -Her room was the only bedroom that was unlocked in the facility during the day. -Could get into any bedroom by using a pen. -Was allowed to be in her bedroom by herself at this facility to keep, "self-occupied." -Was more independent than the other clients in the home. -Goals she was working on were related to cooking, "outbursts," and exercising.</p> <p>Interview on 9/23/25 with Non-Audited Client #4 (NAC#4) revealed: -Staff locked her bedroom during the day, "so no one goes in and steals everything." -Confirmed that this was to keep Client #3 out of her room.</p> <p>Interview on 9/23/25 with Non-Audited Client #5 (NAC#5) revealed: -Her bedroom was locked, "because we don't want anyone to go in there and steal stuff." -Confirmed this was to keep Client #3 out of her room.</p> <p>Interview on 9/23/25 with the Group Home Coordinator (GHC) revealed: -The facility was short staffed. -Typically, Client #1 and Client #5's bedrooms were locked during the day. -This was because things went missing from their bedrooms. -Client #3 took from clients she could manipulate. -Stealing had been an issue with Client #3 since last November-December (2024). -Wasn't sure she could lock client bedrooms</p>	V 112		

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V 112	Continued From page 3 during the day but wanted to protect their stuff. -The last time staff found another client's belongings in Client #3's room was approximately 3-4 weeks ago when she took Client #1's ring. -There were no specific strategies in Client #3's treatment plan for staff to use at the facility to address Client #3's stealing and going in other clients' rooms. Interview on 9/26/25 with Staff #2 revealed: -Worked overnight in the facility. -Not aware of strategies in Client #3's treatment plan that addressed Client #3's stealing and going into other clients' rooms. - "It didn't seem to matter what (staff) do; "[Client #3] still does it (steals)." Interview on 9/26/25 with the Qualified Professional (QP) revealed: -Was the QP over the facility, supervised staff, and developed treatment plans. -Client #3's stealing was an ongoing issue. -The treatment team was trying different things to decrease Client #3's behavior(s) in the facility and focus more on the positive. -Would update the treatment plan.	V 112		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;	V 364		

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V 364	<p>Continued From page 4</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p>	V 364		

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V 364	Continued From page 5 c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week; (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and (10) Have access to individual storage space for his private use. (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the	V 364		

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V 364	Continued From page 6 minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;	V 364		

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V 364	<p>Continued From page 7</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction</p>	V 364		

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V 364	<p>Continued From page 8</p> <p>or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure client rights in a 24 hour facility by restricting clients' access to their bedrooms, affecting 1 of 3 audited clients (#1) and 2 of 2 non-audited clients, (NAC #4 and NAC #5). The findings are:</p> <p>Review on 9/23/25 of Client #1's record revealed: -Date of Admission: 1/21/23. -Diagnoses: Intellectual Developmental Disability, Moderate; Adjustment Disorder with Anxiety; Essential Tremor; Encephalopathy, and Impulse Control Disorder. -No documentation of approval from the Human Rights Committee for restriction to access bedroom.</p> <p>Attempted interview on 9/23/25 with Client #1 revealed: -Did not respond directly to questions.</p> <p>Interview on 9/23/25 with NAC #4 revealed: -Her bedroom was locked during the day, "so no one goes in and steals everything." -Confirmed that this was to keep Client #3 out of her room. -Had to ask staff to unlock her bedroom if she wanted to go in her bedroom during the day. -One time, staff told her, "Wait a minute, I'm busy</p>	V 364	<p>- Client rooms are and will remain unlocked during the day.</p> <p>- Updated Client #3 staff for goals to address entering someone else's room to prevent stealing.</p> <p>- Room checks 1 time per week, for safety & missing items.</p>	
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V 364	<p>Continued From page 9</p> <p>..." and couldn't unlock her bedroom when she asked.</p> <ul style="list-style-type: none"> -Had a TV in her room for personal use and liked to watch the show COPS. -Group Home Coordinator (GHC) wouldn't let her watch COPS in the living room of the facility. <p>Interview on 9/23/25 with NAC #5 revealed:</p> <ul style="list-style-type: none"> -Her bedroom was locked, "because we don't want anyone to go in there and steal stuff." -Confirmed this was to keep Client #3 out of her room. -Allowed access to her bedroom only when certain staff members worked. -The GHC wouldn't let her in her room during the day. - "I am able to go in my room if I ask real [GHC] nice, she'll let me." -The GHC was supposed to give her a key to her room. She didn't know when this was going to happen. -Liked to watch different shows than others liked in the facility and had personal TV in her room. <p>Interview on 9/23/25 with the GHC revealed:</p> <ul style="list-style-type: none"> -Was the group home supervisor. -Worked the day shift typically by herself. The facility was short staffed. -All the clients had TVs in their bedrooms. -Locked Client #1 and Client #5's bedrooms during the day to keep Client #3 out, due to stealing. -Would allow clients to go into their bedrooms during the day if they asked her, and she would unlock the door. -Denied that there had been a time that a client requested to go into their bedroom and it wasn't allowed. A client may have had to wait a minute while she was helping someone else. -Client guardians were aware that their bedroom 	V 364		

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V 364	<p>Continued From page 10</p> <p>doors were locked.</p> <ul style="list-style-type: none"> -There was a rotating schedule in the facility for movie nights in which clients got to pick what to watch in the living room. -Did not allow certain shows or movies to be played in the living room because they caused behavior(s) with certain clients. <p>Interview on 9/26/25 with Staff #2 revealed:</p> <ul style="list-style-type: none"> -Allowed clients to be in their bedrooms and allowed them to watch what they wanted on TV, "It's their home." -Expressed concerns about clients not being allowed to be in their bedrooms during the day and that clients no longer asked because it had been instilled that this was a rule. -Believed client bedrooms were locked during the day due to Client #3's stealing and getting into other client bedrooms. -Clients had personal TV's in their rooms to watch, "but it defeated the purpose," (if their bedrooms were locked). -Client movie nights were ultimately catered to Client #1 because she had behaviors when watching certain types of shows which wasn't fair to the other clients. <p>Interview on 9/26/25 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -Acting QP over the facility and supervised staff. -Guardians were aware of bedrooms being locked according to the GHC. -Locking client bedroom doors was not a treatment strategy that had been signed off by the Human Rights Committee and updated in treatment plan(s). -Clients should be able to access their bedrooms when they wanted. -Would submit a Plan of Correction. 	V 364		

Name: Melanie Rae Lee

DOB: 05/22/1976

Medicaid ID: 952-07-4739-R

Record #: 118624

MR DD SAE

Melanie's PERSON-CENTERED PROFILE

Name: Melanie Rae Lee

DOB:

05/22/1976

Medicaid ID:

952-07-4739-R

Record #: 118624

(Non - CAP-MR/DD Plans ONLY)
PCP Completed on 08.25.23

(CAP-MR/DD Plans ONLY)

Plan Meeting Date: 7/20/2023

Effective Date: 08.25.23

WHAT PEOPLE LIKE AND ADMIRE ABOUT....

Melanie is pleasant and would like to get to know others and make friends and acquaintances. She loves to attend events and be a part of the community. Melanie is overly excited to have the opportunity to live in a group home with others. She is easy to have a conversation with and is very friendly when she warms out with you. She loves pets, movies, and sport events. She also has a wonderful smile and a sweet disposition.

WHAT'S IMPORTANT TO....

Having choices and making her own decisions is very important to Melanie. She is easy to talk to and loves to socialize when appropriate and feels comfortable with people, but she will not hesitate to share her likes and dislikes and her thoughts when having a chance to do so. Melanie likes to watch her programs, use the computer, do laundry, and participate in outdoor activities and outings with others.

Having her parents in her life is important to Melanie. Melanie needs to know in advance of any changes ahead of time with her routine or unfamiliar staff who may be collaborating with her.

Jeanne would like to have a steady job and a set routine along with an income. Having staff to train and assist her in learning new skills is important to her.

HOW BEST TO SUPPORT....

Melanie needs to know any changes ahead of time with her routine or unfamiliar staff who might be working with her. Using a calm voice is always helpful. Melanie will need some assistance in the areas of reading, written expression and interpretation, and budget if she is trained in these areas. Jeanne assisted in special education throughout her school years. Using one on one setting and going step by step with her in training/teaching could be benefit to Melanie. She learns better when the staff practices with her and is repetitive as well as provides supervision for her.

Melanie will need emotional support until she learns a routine or new skills.

Staff changes may be another stressor but preparing her ahead of time may be helpful. Utilizing strategies for self-calming is helpful. Melanie and her parents are very close and having them in her life is very important, and it is essential to her to be given choices and make decisions for herself.

ADD WHAT'S WORKING / WHAT'S NOT WORKING

Working: Advocacy support from her parents and provider

Not Working: Melanie needs more socialization with peers and community people. She needs to be able to join activities in her community as well like volunteering and exercising and having fun.

Name: Melanie Rae Lee

DOB: 05/22/1976

Medicaid ID: 952-07-4739-R

Record #: 118624

ACTION PLAN

The Action Plan should be based on information and recommendations from the Comprehensive Clinical Assessment (CCA), the One Page Profile, Characteristics/Observations/Justifications for Goals, and any other supporting documentation.

Long-Range Outcome: Ensure that this is an outcome desired by the individual, and not a goal belonging to others.

Melanie is unable to live on her own without support. Both of her parents are very involved and will continue to be part of her life if they are able to do so. Melanie has a diagnosis of IDD in a moderate level. Her parents are her guardians and are requesting that Melanie move into a group home to be able to train and live with others while learning independent living skills. She will benefit from training in daily living skills, safety skills, household tasks, exercise training, volunteering, and skills to interact and socialize with others in appropriate ways.

Where am I now in the process of achieving this outcome? (Include progress on goals over the past years, as applicable).

Melanie would like to look for joy in the community and she is requesting to move into the Solitary Meadow Group Home to live while training on daily living skills, household tasks, socializing with others, participating in community activities, and learning independent living skills needed to be successful in the community. Melanie and her parents agreed that she needed a more structured environment and would benefit from training in safety at home and in the community. She wants to increase her level of independence through training at the group home while remaining healthy and safe.

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Melanie will benefit from training for maintaining a healthy lifestyle and on safety issues such as what is an emergency and what is a non-emergency. She will train on engaging in opportunities in her community through volunteering and exercising and working on socially acceptable behaviors while with the public and with peers. She will train to increase her daily living skills such as household tasks and learn ways to prepare healthy food and kitchen safety.

WHAT (Short-Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
1A) Melanie will participate in developing a Calendar and utilize it to work toward activities that will help her increase her need for independent living given no more than two (2) verbal prompts, from staff, with 85% success according to the task analysis for the next six (6) consecutive months.	Melanie Arc of Haywood staff QP	T2016U5U6-Lev 5 Long-Term Community Supports Daily 7 days per week
1B) At least two (2) times per week (2 hours per day), Melanie will participate in community and educational activities in a variety of settings that will promote learning and mastering looking at recipes, safety signs, menus, etc. using no more than one (1) verbal prompt from staff with 85% success from six(6) consecutive months.		
1C) Melanie will access and engage in exercise activities at least three (3) times per week with 85% success according to the task analysis for the next six (6) consecutive months.		
1D) Melanie will participate in cooking activities at least once (1) per week, with minimal verbal prompting from staff per task, with 85% success according to the task analysis, for six (6) consecutive months.		
1E) Melanie will engage in household tasks including cleaning her room at least once (1) per week with 85% success giving not more than 2 verbal prompts from staff, according to the task analysis, for six (6) consecutive months.		
1F) Melanie will practice safety protocol for the community as well as at home at least twice (2) per week one (2 hours) per day, given minimal verbal prompting with 85% accuracy according to the task analysis, for		

Name: Melanie Rae Lee

DOB: 05/22/1976

Medicaid ID: 952-07-4739-R

Record #: 118624

six (6) consecutive months.

1G) Melanie will engage in community volunteer activities at least 5 hours per week given 2 verbal prompts from staff with 85% success according to the task analysis, for six (6) consecutive months.

1J) Melanie will participate in community events at least 5 hours per week given two (2) verbal prompts from staff with 85% success according to the task analysis, for six (6) consecutive months.

HOW (Support/Intervention)

Staff will offer verbal, gestural, and/or physical prompts as needed and will offer verbal praise for correct responses to steps of the task analysis. Staff will assist Melanie when needed to ensure tasks are complete. Communication from and with Melanie during goal training will occur to ensure he understands and is being understood. Data will be collected as indicated.

1A) Calendar

Melanie will make herself a calendar for appointments and activities to keep in her room and change when needed. This calendar can have pictures to show activities or anything she chooses to remind her what she will be doing every week and events coming up she wants to take part in. These appointments will include doctor appointments, hair appointments, volunteer work, etc.

1B) Community and Educational Activities

Melanie will choose activities in the community she would like to participate in. Such activities may include, but are not limited to:

- Music classes or concerts
- Art classes
- Festivals or parades
- Community dances
- Special Olympics
- Going out to eat with her peers.
- Attending church services/activities

1C) Exercise

Staff will assist Melanie in her choice of exercise opportunities. Melanie will choose from a list of presented activities for exercise. Activities may include, but are not limited to:

- Participating in Special Olympics – field games, bocce, bowling, etc.
- Attending the local fitness center – exercise classes (Zumba), walking the track, pool time, etc.
- Engaging in walks around the community
- Visiting local recreation parks or nature trails
- Participating in the Spirit Club, which is an online fitness class.

1D) Cooking Activities

*Melanie will be training on learning menus, planning what she needs to prepare a meal, gathering ingredients needed to prepare the meal, gathering cookware and utensils needed as well

*Melanie will have a specific day each week to train in the kitchen with staff.

*Melanie will follow directions on the recipe and or package to prepare the food.

*Activities in the kitchen will include but are not limited to looking at the menu, getting ingredients for the meal, preparing the meal with staff assistance, setting the table for the meal, and cleaning up afterward.

1E) Household Tasks

*Melanie will have chores each week for the group home which may include vacuuming the floor, setting the table, cleaning the baseboards or door handles, etc.

*Melanie will be responsible for the upkeep of her room which may include vacuuming, dusting, making, and changing her bed and keeping the room free of clutter, and doing her laundry.

*Melanie will gather all the necessary supplies that she may need.

*Melanie will learn how to do her laundry including folding or hanging her clothes and putting them away when they have been cleaned.

1F) Safety in the community and at home

Melanie will train in appropriate safety techniques when in the home and when in the community.

Staff will role model and/or role-play with Melanie on how to deal with stranger safety such as when there is a knock at the door.

Staff will monitor and assist Melanie when she is cooking in the kitchen to ensure she has turned off the stove/oven.

Staff will take Melanie out in community settings that may be unfamiliar to her and teach her how to deal with potential situations that may occur while in the community or if she should ever become detached from the group.

Emphasis will be on practicing skills while in the community and at home; Specific activities should include, but not be limited to:

*Locating safe storage in the community

Name: **Melanie Rae Lee** DOB: **05/22/1976** Medicaid ID: **952-07-4739-R** Record #: **118624**

- * Staying in a safe location when in the community
- * Memorizing the group home telephone number/address
- * Make sure she has an ID on her when in the community
- * Accessing help in an emergency (dialing 911)
- * Reactions to and interactions with strangers
- * Knowledge of explaining surroundings and directions
- * Awareness of time
- * Practicing emergencies and non-emergencies such as power outages, fire drills, tornado/storm drills, or weather situations

G) Volunteering Activities

Staff will assist Melanie in the community with her volunteering.

- * Melanie will learn a volunteer assignment
- * Melanie will remain on task during her time spent volunteering
- * Melanie will complete her volunteer assignment
- * Staff will assist Melanie in searching out volunteer opportunities of her choice which may include but are not limited to:
 - Aktion Club volunteer events
 - Fur or Sarges animal centers

1J) Community Events

Staff will assist Melanie in community events weekly.

- * Attending church
- * Social Groups/Advocacy reunions
- * Town of Haywood events

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
08/25/2023	/ /	1A)	
08/25/2023	/ /	1B)	
08/25/2023	/ /	1C)	
08/25/2023	/ /	1D)	
08/25/2023		1E	
08/25/2023		1F)	
08/25/2023		1G	
08/25/2023		1J	

Status Codes: **R=Revised** **O=Ongoing** **A=Achieved** **D=Discontinued**

Diagnosis (DSM-IV/ICD-9CM)

F71 Intellectual Disability Moderate
 F91.9 Unspecified Disruptive, Impulse-Control, and Conduct Disorder
 F43.10 Post Traumatic Stress Disorder Primary Diagnoses
 F43.10 Principal
 F91.9 Conduct Disorder Additional

Medication

She is in need to a stable place to leave with a support of pay staff to remain healthy and safe.

SNAP INDEX:

Name: Melanie Rae Lee

DOB: 05/22/1976

Medicaid ID: 952-07-4739-R

Record #: 118624

PLAN SIGNATURES

I. PERSON RECEIVING SERVICES:

- I confirm and agree with my involvement in the development of this PCP. My signature means that I agree with the services/supports to be provided.
- I understand that I have the choice of service providers and may change service providers at any time, by contacting the person responsible for this PCP.
- For CAP-MR/DD services only, I confirm and understand that I have the choice of seeking care in an intermediate care facility for individuals with mental retardation instead of participating in the Community Alternatives Program for individuals with Mental Retardation/Developmental Disabilities (CAP-MR/DD).

Legally Responsible Person: Self: Yes No

Person Receiving Services: (Required when person is his/her own legally responsible person)

Signature: _____ Date: / /

(Print Name)

Legally Responsible Person (Required if other than person receiving Services)

Signature: [Signature] Date: 08/11/2025

(Print Name)

Relationship to the individual: _____

II. PERSON RESPONSIBLE FOR THE PCP: The following signature confirms the responsibility of the QP/LP for the development of this PCP. The signature indicates agreement with the services/supports to be provided.

Signature: [Signature] Date: 8/11/2025
Helen Espinoza, MA/QP
(Name of Case Management Agency)

Child Mental Health Services Only:

For individuals who are less than 21 years of age (less than 18 for State funded services) and who are receiving or in need of enhanced services and who are actively involved with the Department of Juvenile Justice and Delinquency Prevention or the adult criminal court system, the person responsible for the PCP must attest that he or she has completed the following requirements as specified below:

- Met with the Child and Family Team - Date: / /
- OR Child and Family Team meeting scheduled for - Date: / /
- OR Assigned a TASC Care Manager - Date: / /
- AND conferred with the clinical staff of the applicable LME to conduct care coordination.
- If the statements above do not apply, please check the box below and then sign as the Person Responsible for the PCP:
- This child is not actively involved with the Department of Juvenile Justice and Prevention or the adult criminal court system.

Signature: _____ Date: / /
(Person responsible for the PCP) (Print Name)

III. SERVICE ORDERS: REQUIRED for all Medicaid funded services; RECOMMENDED for State funded services. (SECTION A): For services ordered by one of the Medicaid approved licensed signatories (see Instruction Manual).

My signature below confirms the following: (Check all appropriate boxes.)

- Medical necessity for services requested is present, and constitutes the Service Order(s).
- Licensed professional who signs this service order has had direct contact with the individual. Yes No
- Licensed professional who signs this service order has reviewed the individual's assessment. Yes No

Signature: [Signature] Date: 8/11/2025
Helen Espinoza, MA/QP License #: NA
(Name/Title Required) (Print Name)

(SECTION B): For Qualified Professionals (QP) / Licensed Professionals (LP) ordering:

- CAP-MR/DD or
- Medicaid Targeted Case Management (TCM) services (if not ordered in Section A)
- OR recommended for any state-funded services not ordered in Section A.

My signature below confirms the following: (Check all appropriate boxes.) Signatory in this section must be a Qualified or Licensed Professional.

- Medical necessity for the CAP-MR/DD services requested is present, and constitutes the Service Order.
- Medical necessity for the Medicaid TCM service requested is present, and constitutes the Service Order.
- Medical necessity for the State-funded service(s) requested is present, and constitutes the Service Order.

Signature: _____ License #: _____ Date: / /
(Name/Title Required) (Print Name) (If Applicable)

IV. SIGNATURES OF OTHER TEAM MEMBERS PARTICIPATING IN DEVELOPMENT OF THE PLAN:

Other Team Member (Name/Relationship): _____ Date: / /

Other Team Member (Name/Relationship): _____ Date: / /

ACTION PLAN: Short-Term Goals
06/01/2024 – 05/31/25

Long-Range Outcome: (Ensure that this is an outcome desired by the individual and not a goal belonging to others).

Melanie is new to the Innovations Waiver program. She moved into the Solitary Meadows Group Home in September 2023 after living in a Lifespan Group Home for six years. Melanie has a history of behavioral outbursts, which are linked to her anxiety over changes in her schedule and routine. These outbursts include disrespecting staff and housemates, name-calling, refusing requests, and door-slamming. At times, she will also throw objects. Melanie has struggled with severe anxiety for many years and requires consistent structure, encouragement, and one-to-one attention. She can become obsessed with changes in her daily routines and needs a clearly defined and predictable schedule. Changes in her schedule and transitions are complex, causing her to become extremely anxious and necessitating one-to-one support to de-escalate. Melanie has been diagnosed with Anxiety Disorder, Moderate Intellectual Disabilities, Conduct Disorder (unspecified), and autism spectrum disorder. She continues to struggle with symptoms of mania and depression, as well as nightmares, panic, and difficulty sleeping. Melanie has exhibited frequent lying, stealing, aggression, property destruction, bullying other residents, and losing her temper. She often refuses to comply with adults' requests, blames others for mistakes, and can be spiteful and easily angered. Melanie will receive support from her team to continue developing skills to help her stay safe and healthy at home. She will also be able to engage more with her community and build relationships. Her group home providers will assist with meal preparation and help her access the community. Melanie will also receive support with medication administration, scheduling and attending appointments with physicians and clinicians, and managing her finances. Furthermore, she will need assistance participating in recreational activities in her community with non-disabled individuals. Ultimately, Melanie requires residential support to ensure that her health, safety, and well-being needs are consistently met.

Where am I now in the process of achieving this Outcome? (Include progress on goals over the past years, as applicable).

Melanie has been diagnosed with Anxiety Disorder, Moderate Intellectual Disabilities, Conduct Disorder (unspecified), and autism spectrum disorder. She struggles with symptoms of mania and depression, as well as nightmares, panic, and difficulty sleeping. Melanie has exhibited frequent lying, stealing, aggression, property destruction, bullying of other residents, and losing her temper. She often engages in behaviors such as deliberately annoying others, refusing to comply with adults' requests, blaming others for mistakes, and being spiteful and easily angered. With the support of her team, Melanie will continue to develop skills to remain safe and healthy at home while also having opportunities for community engagement and relationship building. Melanie also requires assistance from her group home providers with meal preparation and community access. Melanie needs help managing her medications, scheduling and attending appointments with healthcare providers, budgeting, and managing her finances. She also requires assistance to access recreational activities in her community and needs residential support to ensure her health, safety, and well-being.

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: *See the above section on "Where am I now in the process of achieving this outcome?"* Melanie requires a highly structured residential environment with Staff trained to help her manage her day, provide for her basic needs, and address negative behaviors as they occur. Recently, Melanie became angry at her peers and was yelling at them. Melanie can become very anxious when dealing with sudden changes or inconsistencies in her daily routine. In past placements, Melanie has also been noted as stealing from other residents and caretakers.

WHAT (Short-Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
<p>1A) Melanie will engage in cooking/meal preparation once a week, given no more than two verbal prompts per task, with 90% accuracy, according to the task analysis, throughout the plan year.</p> <p>1B) Melanie will complete tasks with peers in group activities with 90% accuracy when working daily with minimal 2VP Staff prompts, conducting task analysis throughout the year.</p> <p>1C) Melanie will practice speaking quietly during meals, group activities, community events, and church using an inside voice. She will aim for 90% accuracy in completing this task analysis with no more than two verbal prompts throughout the year.</p> <p>1D) Throughout the plan year, Melanie will engage in appropriate peer interactions daily while participating in group activities and responding 90% correctly, given no more than two verbal prompts from Staff.</p> <p>1E) According to the upcoming year's task analysis, Mel will exercise for at least three weekly sessions with a 90% success rate.</p> <p>1F) Per task analysis, Melanie will refrain from rude and inappropriate remarks toward peers and Staff with minimal verbal prompting and 95% accuracy.</p> <p>G) For the upcoming plan year, Mel will practice safety protocols at home and in the community at least twice a week, for a minimum of two hours per day, with 90% accuracy, following task analysis and requiring minimal verbal prompting.</p>	<p>Melanie Arc of Haywood Staff Q.P.</p>	<p>Residential Supports- Level-3</p>

HOW (Support/Intervention)

The staff will provide gestural, verbal, and physical prompts as necessary and give verbal praise for correct responses to task analysis steps. "Minimal verbal prompting" will involve giving three verbal prompts or less before moving on to more advanced instructions or intervention. The staff will assist Melanie as needed to ensure tasks are completed. During goal training, communication with Melanie will ensure that she understands and is being understood. Data will be collected as indicated.

1A) Meal Preparation

- Staff will assist Melanie with preparing a meal each week on her night to cook.
- Melanie will read the menu first aloud so she can be aware of the items she will need to gather for preparation guidelines.
- Melanie will gather the ingredients from the refrigerator or pantry.
- Melanie will gather the cookware and utensils necessary.
- Staff will assist Melanie with the following directions to prepare the Meal.
- Melanie will be encouraged to complete all meal preparation steps independently.

1B) Completion of Task

- Melanie will identify the task she will be working on. For example, she will read her assigned task on the chore board posted in the kitchen.
- If necessary, Melanie will read the description of what she needs to clean, ensuring she knows which supplies are required.
- After gathering the supplies, Melanie will complete the task at hand (for instance, if she cleans the bathroom, she will need to collect items like Windex, toilet cleaner, shower cleaner, etc.).
- Staff will provide Melanie with redirection, prompts, and modeling, including physical assistance as needed, so she can complete the task promptly.
- The goal will be successfully met when Melanie completes the task from start to finish, following all the steps outlined in the task analysis.

1C) Proper interactions during mealtimes.

- During mealtimes, Melanie will let others talk and wait for her turn to respond to questions or provide her opinion.
- Melanie will actively listen by allowing others to speak before providing her input.
- Staff will provide Melanie with gestures, verbal prompting, and social interaction guidelines.

1D) Melanie is expected to maintain proper social distance while interacting with peers, Staff, and community members without being defiant.

- When interacting with others, Melanie should use polite language and refrain from making rude comments or using inappropriate words when upset. Examples of such comments include: "You are not doing your job," "I don't like this staff person or the other," "You don't know what you're doing," etc.
- Melanie is expected to recognize and respect others' decisions. She should not direct peers or Staff when she disagrees with their choices.
- Staff members will encourage Melanie not to worry about her peers' daily schedules. She should refrain from asking questions or informing Staff about her peers' activities.
- Melanie is encouraged to work towards her obligations, wants, and needs. Staff are asked which peer is doing what.
Melanie will work toward her obligations, wants, and needs.

1E) Plan for Exercise:

The staff will assist Mel in selecting appropriate exercise opportunities from a list of presented activities. The activities may include, but are not limited to:

- Participating in Special Olympics, which may comprise field games, bocce, bowling, etc.
- Attending local fitness centers for exercise classes (e.g., Zumba), walking the track, pool time, etc.
- Walking around the community
- Visiting local recreation parks or nature trails
- Joining the Social Club, which is an online fitness class.

1F) The staff will use various prompts to help Mel complete the task analysis steps. These prompts may include verbal, gestural, and physical cues. They will also provide verbal praise when Mel responds correctly. Additionally, the staff will assist Mel in completing tasks whenever necessary. Throughout goal training, emphasis will be placed on Mel's communication to ensure mutual understanding. Data will be collected as indicated.

1G) To prepare Jeanne for unfamiliar community settings, staff members will take her out and teach her how to manage various potential situations. Emphasis will be placed on practicing the skills learned in the community and at home. Specific activities include, but are not limited to:

- Locating safe storage options in the community
- Staying in safe locations while out
- Memorizing the group home's telephone number and address
- Carrying identification when in the community
- Accessing help in an emergency by dialing 911
- Reacting to and interacting appropriately with strangers
- Describing her surroundings and providing directions
- Being mindful of time
- Responding to emergencies and non-emergency situations, such as power outages, fire drills, tornado/storm drills, or other weather-related events.

Target Date (Not to exceed 12 months)	The date the Goal was reviewed	Status Code	Progress toward Goal and justification for the continuation or discontinuation of the Goal.
05/31/2026	/ /		1A)
05/31/2026	/ /		1B)
05/31/2026	/ /		1C)
05/31/2026	/ /		1D)
05/31/2026	/ /		1E)
05/31/2026	/ /		1F)
05/31/2026	/ /		1G)

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

Long-Range Outcome: (Ensure that this is an outcome desired by the individual and not a goal belonging to others.)

Melanie will receive Community Networking Services to provide her with opportunities in her community to build skills that improve her social, communication, and daily living abilities, access services, broaden community relationships, and participate in meaningful activities. According to the CN service definition, Melanie will be integrated with the typical population.

Where am I now in the process of achieving this outcome? (Include progress on goals over the past years, as applicable).

- Melanie requires assistance with independent living skills.
 - Melanie is friendly and outgoing and enjoys interactions with others. She is generally well-mannered and can easily be redirected when not anxious and when she is not experiencing issues with frustration, anxiety, and, at times, inappropriate conversations with others.
 - Melanie needs support for interacting with community members and participating in activities, as well as ongoing training and support to build and maintain her learned communication skills and appropriate social interactions, including awareness of boundaries and respecting the personal space of others.

- Melanie requires the full support of others to get from place to place, access public buildings and settings, and follow the applicable rules of a location.
- Melanie needs ongoing support for following established rules, completing tasks in a thorough and timely manner, and transitioning from one task to another.
- Melanie will attend the Haywood Fitness Center, where she will have opportunities to walk, use exercise equipment, swim, participate in the Zumba class, and support her goal of improving physical health.
- Melanie will get involved in opportunities to volunteer for various activities, socialize, and interact with community members.
- Melanie and her family are pleased with her level of community activity and desire for her to continue to have the opportunity to participate in activities and expand her opportunities and options. These provide her with additional integration into her community, which brings satisfaction and meaning to her life, enhancing her sense of well-being and purpose.

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: *See the above section on "Where am I now in the process of achieving this outcome?"*

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
<p>2A) Melanie will participate in exercise activities at the local gym at least three times a week for healthy weight management and socialization opportunities over the next year, given no more than one (1) initial verbal prompt to begin the task.</p> <p>2B) At least once per week, given minimal verbal prompting from staff, Melanie will engage and participate in worship service and church-related activities of his choice to increase his social network and socialization skills during the following year.</p> <p>2C) Given minimal verbal prompting from staff, Melanie will engage in volunteer activities in the community an average of once per month during the next year to aid in forming new relationships with people in her community.</p>	<p>Melanie Arc of Haywood Staff QP</p>	<p>H2015 – Community Networking – Individual 12 hours weekly 2503 units per year</p>

HOW (Support/Intervention)

Staff will offer gestural, verbal, and/or physical prompts as needed and will provide verbal praise for the correct response to the steps of the task analysis. "Minimal verbal prompting" shall consist of three verbal prompts or fewer before moving on to more advanced directives/intervention. Staff will assist Melanie when needed to ensure the task is complete. Data will be taken once daily.

2A) Staff will continue to teach Melanie the benefits of exercising in various locations and settings, while also promoting good health and fostering relationships with others in the community.

- Locations/Activities may consist of visiting the Waynesville Rec. Center or Armory to participate in classes (Zumba, water aerobics, meet with a trainer, etc.)
- Staff will encourage Melanie to demonstrate appropriate social skills when engaging with others during activities.

2B) Staff will assist Melanie in accessing worship services and activities at the church of her choice. Staff will prompt Melanie to stay on task during the activity

- Staff will encourage Melanie to demonstrate appropriate social skills when engaging with others during activities.

2C) Staff will assist Melanie in the community with volunteer opportunities. Staff will assist Melanie in exploring various volunteer opportunities. Opportunities to explore may include, but are not limited to:

- Church – passing out bulletins, greeter, beautification projects around campus, and community outreach.
- HART Theatre
- Sarge's Animal Rescue or an animal shelter
- Reach Thrift Store
- During the volunteer shift, staff will assist Melanie with his volunteer placement by ensuring she:
 - Learns the volunteer assignment.
 - Remains on task during his time spent volunteering
 - Complete the assignment(s) for the day.
 - Engage with others appropriately.

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for a continuation or discontinuation of the goal.
05/31/2026	/ /		2A)
05/31/2026	/ /		2B)
05/31/2026	/ /		2C)
Status Codes: D=Discontinued		R=Revised	O=Ongoing A=Achieved

Long-Range Outcome: (Ensure that this is an outcome desired by the individual and not a goal belonging to others).

Melanie is new to the Innovations Waiver program and is interested in participating in the Community Networking group services. She has chosen to join the Meaningful Day Community Networking Program, which the Arc of Haywood provides. Melanie plans to volunteer weekly at the Rose of Sharon Ministries, where she will work alongside peers without disabilities to sort food items, pack food boxes, and restock shelves. Additionally, she will participate in various community service projects with non-disabled members. Melanie will also be part of a fundraising group to support community projects.

Moreover, due to her love for animals, Melanie will volunteer at Feline Urgent Rescue of W.N.C., helping feed, water, and groom the cats. She is also a member of the Waynesville Recreation Center and intends to utilize the community networking group for weekly park visits and participation in fitness center classes. Furthermore, Melanie can attend weekly church activities as part of the Community Networking group.

The Arc of Haywood has organized various community events and activities for Melanie and the other program members. This includes attending/volunteering at events such as the Elder Abuse Walk in Waynesville, Salvation Army fundraisers, volunteering at local nursing homes, and participating in other community events. The Community Networking Group aims to provide Melanie with meaningful and engaging experiences, opportunities to build social and communication skills, and opportunities to foster relationships with non-disabled individuals. Melanie seeks to actively participate in community activities and engage with peers while broadening her social circle.

Where am I now in the process of achieving this Outcome? (Include progress on goals over the past years as applicable).

Melanie requires assistance with independent living skills.

Melanie is friendly and outgoing and enjoys interacting with others. She is adjusting to her new residential setting, peers, and staff. She can be redirected when not anxious and when she is not experiencing issues with frustration, anxiety, and, at times, inappropriate conversations with others.

Melanie needs support for interacting with community members and participating in activities. She also requires ongoing training and support to build and maintain her learned communication skills and appropriate social interactions, including awareness of boundaries and respect for the personal space of others.

Melanie requires full support to get from place to place, access public buildings and settings, and follow applicable rules of a location.

She requires ongoing support to follow established rules, complete tasks thoroughly and promptly, and transition smoothly from one task to another.

Melanie will attend the Haywood Fitness Center to take advantage of opportunities to walk, use exercise equipment, swim, and participate in Zumba classes, all in support of her goal to improve her physical health.

She will participate in various volunteer opportunities, socialize, and interact with community members.

Melanie and her family are pleased with her level of community activity and desire to have the opportunity to participate in activities that will expand her opportunities and options, providing her with additional integration into her community. This brings satisfaction and meaning into life, enhancing her sense of well-being and purpose.

CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: *See the above section on "Where am I now in the process of achieving this outcome?"*

WHAT (Short-Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY
<p>3A) Melanie will participate with peers in exercise classes in the local Gym at least two times per week for healthy weight management and socialization opportunities during the following year, given no more than two (2) verbal prompts to begin the task.</p>	<p>Melanie Arc of Haywood Staff QP</p>	<p>H2015HQ – Community Networking – Group</p>
<p>3B) At least twice per week, given minimal verbal prompting (3VP) from Staff, Melanie will engage and participate in volunteering opportunities and church-related activities of his choice to increase her social network and socialization skills during the following year.</p>		
<p>3C) Given minimal verbal prompting (3VP) from Staff, Melanie will volunteer at community events four times per month during the next year to help form new relationships with people in her community.</p>		

3D) Given minimal verbal prompting (3VP) from Staff, Melanie will engage in networking outreach at least once a week throughout the plan year.

HOW (Support/Intervention)

Staff will offer gestural, verbal, and physical prompts as needed, along with verbal praise for the correct response to the task analysis steps. "Minimal verbal prompting" shall consist of three verbal prompts or fewer before moving on to more advanced directives/intervention. Staff will assist Melanie when needed to ensure the task is complete. Data will be taken once daily.

3A) Staff will teach Melanie the benefits of exercising in various locations and settings, promoting good health and fostering relationships with others in the community.

- Locations/Activities may consist of visiting the Waynesville Rec. Center or Armory to participate in classes (Zumba, water aerobics, meeting with a trainer, etc.)
- Staff will encourage Melanie to demonstrate appropriate social skills when engaging with others during activities.

3B) Staff will assist Melanie in accessing worship services (church) and activities at the church of her choice. Staff will prompt Melanie to stay on task during the activity.

- Staff will encourage Melanie to demonstrate appropriate social skills when engaging with others during activities.

3C) Staff will assist Melanie with volunteer opportunities in the community. As restrictions are gradually lifted, Melanie will gradually reintegrate into the community.

- Staff will assist Melanie in exploring various volunteer opportunities. Opportunities to explore may include, but are not limited to:
 - Pinnacle Church – passing out bulletins, greeters, beautification projects around campus, and community outreach.
 - F.U.R. starts a horse ranch.
 - Sarge's Animal Rescue or an animal shelter
 - Reach Thrift Store
- During the volunteer shift, the Staff will assist Melanie with his volunteer placement by ensuring he:
 - Learned the volunteer assignment.
 - Remains on task during his time spent volunteering.
 - Complete the assignment(s) for the day.
 - Engage with others appropriately.

3D) Staff will assist Melanie in searching for opportunities to volunteer and participate with community members. Heather will be actively involved in searching for resources.

- Nursing homes
- Shelters
- Holiday events
- Support groups.

Target Date (Not to exceed 12 months)	The date the Goal was reviewed	Status Code	Progress toward Goal and justification for a continuation or discontinuation of the Goal.
05/31/2026	/ /		2A)
05/31/2026	/ /		2B)

05/31/2026	/ /	2C)
05/31/2026		2D)
Status Codes:		
D=Discontinued	R=Revised	O=Ongoing A=Achieved

Back-Up Staffing Plan:

Agency-Directed Service OR Individual/Family Direction/Agency With Choice (A.W.C.) Model	Who	Contact
<p><i>Arc of Haywood County</i></p> <p><i>(Residential Supports)</i></p> <p><i>Level IV</i></p> <p><i>(Community Networking)</i></p>	<p><i>During the weekdays, the Direct Support Professional Supervisor (DSPS) and one Direct Support Professional (D.S.P.) are typically on duty in the mornings. In the afternoon to mid-evening, one to two D.S.P.s, one DSPS, and the Group Home Coordinator (G.H.C.) are present to provide services. Should one staff member be absent, another staff member is to be called in either from this Group Home or another. The G.H.C. will additionally stay to provide services or come in early. Over the weekends, our Agency has a DSPS and one D.S.P. Should one staff member be absent, we contact another to substitute, or the G.H.C. will substitute.</i></p>	<p><i>Amy Radcliffe</i> <i>GH Coordinator. Solitary Meadow.</i> <i>828-456-8236 – Solitary Meadow. G.H.</i> <i>828-507-8236 - Cell</i> <i>Helen Espinoza</i> <i>Arc of Haywood</i> <i>Director of Services, QP</i> <i>828-558-2339- Arc office</i></p>
<p><i>Rik Lee (Father, Guardian)</i></p>	<p><i>Typically, our Agency does not contact Natural Supports to cover services. Natural Supports are contacted to support us in Physician/Dental/Psychiatry visits, community, and other social activities.</i></p>	<p><i>Rik Lee – Father</i> <i>828-788-7545 (guardian cell)</i> <i>(cell)</i></p>



 Arc of Haywood, QP

5/29/2024

 Date



 Guardian

6/02/24

 Date

PLAN SIGNATURES

I. PERSON RECEIVING SERVICES:

- I confirm and agree with my involvement in the development of this P.C.P. My signature means that I agree with the services/supports provided.
- I understand that I have the choice of service providers and may change service providers at any time by contacting the person responsible for this P.C.P.
- For CAP-MR/DD services only, I confirm and understand that I have the choice of seeking care in an intermediate care facility for individuals with mental retardation instead of participating in the Community Alternatives Program for individuals with Mental Retardation/Developmental Disabilities (CAP-MR/DD).

Legally Responsible Person: Self: Yes No

Person Receiving Services: (Required when the person is their own legally responsible person)

Signature: _____ (Print Name) _____ Date: / /

Legally Responsible Person (Required if other than the person receiving Services)

Signature: *Rik Lee* Rik Lee _____ Date: 6/2/24
02/09/2024 _____ (Print Name)

Relationship to the Individual: Father/Guardian

II. PERSON RESPONSIBLE FOR THE PCP: The following signature confirms the responsibility of the CP/LP for the development of this P.C.P. The signature indicates agreement with the services/supports to be provided.

Signature: *[Signature]* Helen Espinoza _____ Date: 5/30/2025
(Person responsible for the P.C.P.) (Name of Case Management Agency)

Child Mental Health Services Only:

For individuals who are less than 21 years of age (less than 18 for State-funded services), who are receiving or in need of enhanced services, and who are actively involved with the Department of Juvenile Justice and Delinquency Prevention or the adult criminal court system, the person responsible for the P.C.P. must attest that he or she has completed the following requirements as specified below:

- Met with the Child and Family Team - Date: / /
 - OR** Child and Family Team meeting scheduled for - Date: / /
 - OR** Assigned a TASC Care Manager - Date: / /
 - AND** conferred with the clinical Staff of the applicable L.M.E. to conduct care coordination.
- If the statements above do not apply, please check the box below and then sign as the Person Responsible for the P.C.P.:
- This child is not actively involved with the Department of Juvenile Justice and Prevention or the adult criminal court system.

Signature: _____ (Person responsible for the P.C.P.) _____ (Print Name) _____ Date: / /

III. SERVICE ORDERS: REQUIRED for all Medicaid-funded services; RECOMMENDED for State-funded services.

(SECTION A): For services ordered by one of the Medicaid-approved licensed signatories (see Instruction Manual).

My signature below confirms the following: (Check all appropriate boxes.)

- Medical necessity of services requested is present and constitutes the Service Order(s).
- The licensed professional who signs this service order has directly contacted the individual. Yes No
- The licensed professional who signs this service order has reviewed the individual's assessment. Yes No

Signature: *[Signature]* Helen Espinoza QP _____ License #: NA Date: 5/30/2025
(Name/Title Required) (Print Name)

(SECTION B): For Qualified Professionals (QP) / Licensed Professionals (LP) ordering:

- CAP-MR/DD or
- Medicaid Targeted Case Management (T.C.M.) services (if not ordered in Section A)
- OR recommended for any state-funded services not ordered in Section A.

My signature below confirms the following: (Check all appropriate boxes.) The signatory in this section must be a Qualified or Licensed Professional.

- Medical necessity for the CAP-MR/DD services requested is present and constitutes the Service Order.
- Medical necessity for the Medicaid T.C.M. service requested is present and constitutes the Service Order.
- Medical necessity for the State-funded service(s) requested is present and constitutes the Service Order

Signature: _____ License #: _____ Date: / /
(Name/Title Required) (Print Name) (If Applicable)

IV. SIGNATURES OF OTHER TEAM MEMBERS PARTICIPATING IN THE DEVELOPMENT OF THE PLAN:

Other Team Member (Name/Relationship): / / _____ Date: _____