

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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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> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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. 	V 112	<p>RECEIVED OCT 27 2025 DHSR-MH Licensure Sect</p>	

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

1000 Bull

TITLE

Executive Director

(X8) DATE

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V 112	<p>Continued From page 1</p> <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 Innovation 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	<p>Continued From page 3</p> <p>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.</p> <p>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)."</p> <p>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.</p>	V 112		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(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:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p>	V 364		

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V 364	Continued From page 4 (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 (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 adult client may exercise these rights at all reasonable times. (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: (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; (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; (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals; (4) Make visits outside the custody of the facility unless: 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; 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	V 364		

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V 364	<p>Continued From page 5</p> <p>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;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(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;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(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</p>	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 shut her 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> <p>-Had a TV in her room for personal use and liked to watch the show COPS.</p> <p>-Group Home Coordinator (GHC) wouldn't let her watch COPS in the living room of the facility.</p> <p>Interview on 9/23/25 with NAC #5 revealed:</p> <p>-Her bedroom was locked, "because we don't want anyone to go in there and steal stuff."</p> <p>-Confirmed this was to keep Client #3 out of her room.</p> <p>-Allowed access to her bedroom only when certain staff members worked.</p> <p>-The GHC wouldn't let her in her room during the day.</p> <p>- "I am able to go in my room If I ask real [GHC] nice, she'll let me."</p> <p>-The GHC was supposed to give her a key to her room. She didn't know when this was going to happen.</p> <p>-Liked to watch different shows than others liked in the facility and had personal TV in her room.</p> <p>Interview on 9/23/25 with the GHC revealed:</p> <p>-Was the group home supervisor.</p> <p>-Worked the day shift typically by herself. The facility was short staffed.</p> <p>-All the clients had TVs in their bedrooms.</p> <p>-Locked Client #1 and Client #5's bedrooms during the day to keep Client #3 out, due to stealing.</p> <p>-Would allow clients to go into their bedrooms during the day if they asked her, and she would unlock the door.</p> <p>-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.</p> <p>-Client guardians were aware that their bedroom</p>	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		

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
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>	<p>[REDACTED]</p>	<p>T2016U5U6-Lev 5 Long-Term Community Supports Daily 7 days per week</p>

Name: [REDACTED]

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).

[REDACTED] 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. [REDACTED] 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. [REDACTED] 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. [REDACTED] 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. [REDACTED] 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. [REDACTED] 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. [REDACTED] 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).

[REDACTED] 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. [REDACTED] 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, [REDACTED] will continue to develop skills to remain safe and healthy at home while also having opportunities for community engagement and relationship building. [REDACTED] also requires assistance from her group home providers with meal preparation and community access. [REDACTED]s 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?" [REDACTED] structured residential environment with [REDACTED] negative behaviors as they occur. Staff trained to help her manage her day, provide for [REDACTED] become very anxious when dealing with sudden changes or inconsistencies in her daily [REDACTED] Melanie has also been noted as stealing from other residents and caretakers.

Name [REDACTED]

[REDACTED] 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, [REDACTED] 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 [REDACTED] completes the task from start to finish, following all the steps outlined in the task analysis.

1C) Proper interactions during mealtimes.

- During mealtimes, [REDACTED] will let others talk and wait for her turn to respond to questions or provide her opinion.
- [REDACTED] 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.
- [REDACTED] 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 [REDACTED] not to worry about her peers' daily schedules. She should refrain from asking questions or informing Staff about her peers' activities.
- [REDACTED] is encouraged to work towards her obligations, wants, and needs. Staff are asked which peer is doing what.
[REDACTED] 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 [REDACTED] 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 [REDACTED] in completing tasks whenever necessary. Throughout goal training, emphasis will be placed on [REDACTED] 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:

Name: [REDACTED]

- 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.)

[REDACTED] 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).

- [REDACTED] 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.
 - [REDACTED] 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.

Name: [REDACTED]

- [REDACTED] 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.
- [REDACTED] needs ongoing support for following established rules, completing tasks in a thorough and timely manner, and transitioning from one task to another.
- [REDACTED] 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.
- [REDACTED] will get involved in opportunities to volunteer for various activities, socialize, and interact with community members.
- [REDACTED] 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) [REDACTED] 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, [REDACTED] 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, [REDACTED] 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>	[REDACTED]	H2015 – Community Networking – Individual 12 hours weekly 2503 units per year

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 [REDACTED] when needed to ensure the task is complete. Data will be taken once daily.

- 2A) Staff will continue to teach [REDACTED] 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 [REDACTED] to demonstrate appropriate social skills when engaging with others during activities.

2B) Staff will assist [REDACTED] 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: 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 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>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>	<p>Melanie Arc of Haywood Staff QP</p>	<p>H2015HQ – Community Networking – Group</p>

<p>3D) Given minimal verbal prompting (3VP) from Staff, Melanie will engage in networking outreach at least once a week throughout the plan year.</p> <p>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.</p> <p>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.</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <ul style="list-style-type: none"> • Staff will encourage Melanie to demonstrate appropriate social skills when engaging with others during activities. <p>3C) Staff will assist Melanie with volunteer opportunities in the community. As restrictions are gradually lifted, Melanie will gradually reintegrate into the community.</p> <ul style="list-style-type: none"> • Staff will assist Melanie in exploring various volunteer opportunities. Opportunities to explore may include, but are not limited to: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ Learned the volunteer assignment. ○ Remains on task during his time spent volunteering. ○ Complete the assignment(s) for the day. ○ Engage with others appropriately. <p>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.</p> <ul style="list-style-type: none"> • Nursing homes • Shelters • Holiday events • Support groups. 		
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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)

Name: . Melanie Lee

DOB: 05/22/1976

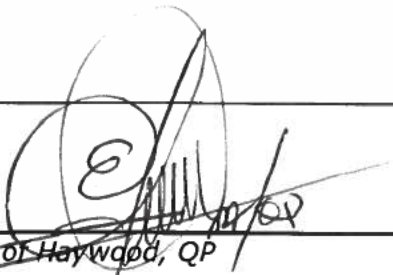
Medicaid ID: 952074739-R

Record #: 0B573D08

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
Arc of Haywood County <i>(Residential Supports)</i> Level IV <i>(Community Networking)</i>	<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>	Amy Radcliffe GH Coordinator. Solitary Meadow. 828-456-8236 – Solitary Meadow. G.H. 828-507-8236 - Cell Helen Espinoza Arc of Haywood Director of Services, QP 828-558-2339– Arc office
Rik Lee (Father, Guardian)	<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>	Rik Lee – Father 828-788-7545 (guardian cell) (cell)



 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: _____ Date: / /
(Print Name)

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

Signature: 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 QP/LP for the development of this P.C.P. The signature indicates agreement with the services/supports to be provided.

Signature: [Signature] 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: _____ Date: / /
(Person responsible for the P.C.P.) (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).
- 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] 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: / /



Vaya Health

200 Ridgefield Court, Suite 218
Asheville, NC 28806
Business Calls: 1-800-893-6246
vayahealth.com

04/29/2024

MELANIE LEE
c/o The Arc Of Haywood County, Inc.
407 WELCH ST
WAYNESVILLE, NC 28786

Member/Recipient: MELANIE LEE
LME/MCO ID Number: 0B573D08
Date of Birth: 05/22/1976

Dear MELANIE LEE:

Vaya Health (Vaya) has received a request for authorization of Innovations Waiver Service services and decided to approve your request as follows:

Service Approved:	T2020	Level 3 - Residential Supports
Approved Units:	365	
Approved Service Dates:	06/01/2024 - 05/31/2025	
Provider Name:	The Arc Of Haywood County, Inc.	
Authorization Number:	0417WMDMR	
Episode Start Date:	06/01/2024	
Number of Authorized Units in Current Episode:	365	

This authorization is valid for this service only. Vaya may withdraw or change this approval if your clinical needs change during this time period.

If you need more treatment after this authorization timeframe, your provider must submit a Service Authorization Request to Vaya’s Utilization Management Team within the required timeframe.

A notice of approval does not guarantee payment for the authorized service. Payment of benefits are subject to all terms, conditions, limitations, and exclusions set forth in the provider contract and in applicable laws, regulations, and rules.

If you have any questions about the authorization process, please contact Vaya’s toll-free Member and Recipient Service Line between 7 a.m. and 6 p.m., Monday through Saturday, at 1-800-962-9003.

Sincerely,

Utilization Management Team
Vaya Health



Vaya Health

200 Ridgefield Court, Suite 218
Asheville, NC 28806
Business Calls: 1-800-893-6246
vayahealth.com

08/28/2023

MELANIE LEE
c/o The Arc Of Haywood County, Inc.
407 WELCH ST
WAYNESVILLE, NC 28786

Member/Recipient: MELANIE LEE
LME/MCO ID Number: 0B573D08
Date of Birth: 05/22/1976

Dear MELANIE LEE:

Vaya Health (Vaya) has received a request for authorization of Outpatient BH services and decided to approve your request as follows:

Service Approved:	T2016 U5 U6	LTCS L5
Approved Units:	180	
Approved Service Dates:	09/02/2023 - 02/27/2024	
Provider Name:	The Arc Of Haywood County, Inc.	
Authorization Number:	0818F1CDB	
Episode Start Date:	09/02/2023	
Number of Authorized Units in Current Episode:	180	

This authorization is valid for this service only. Vaya may withdraw or change this approval if your clinical needs change during this time period.

If you need more treatment after this authorization timeframe, your provider must submit a Service Authorization Request to Vaya’s Utilization Management Team within the required timeframe.

A notice of approval does not guarantee payment for the authorized service. Payment of benefits are subject to all terms, conditions, limitations, and exclusions set forth in the provider contract and in applicable laws, regulations, and rules.

If you have any questions about the authorization process, please contact Vaya’s toll-free Member and Recipient Service Line between 7 a.m. and 6 p.m., Monday through Saturday, at 1-800-962-9003.

Sincerely,

Utilization Management Team
Vaya Health



Service Authorization

Form ID SA-TAOHCNC-MB34SUFVV4VK7
Status Approved
Created By Helen Espinoza, Director of Services
Create Date Fri, 1 Sep 2023 01:59:55 PM
Last Updated By Helen Espinoza, Director of Services
Last Update Date Wed, 20 Sep 2023 11:24:15 AM

Service Authorization Information

Program (Site) Group Home #2 - Solitary Meadow (Group Home #2 - Solitary Meadow)
Individual Name Lee, Melanie
Individual ID Type Medicaid Number
Claim Type Professional Claim
Authorization Number 0818F1CDB
Accounting Number
Funding Source Vaya Health
Begin Date 09/02/2023
End Date 02/27/2024

Service Coordinator

Organization/Agency Arc of Haywood County
First Name Helen **Last Name** Espinoza
Service Coordinator Number
Phone Number 828-452-1980 **Extension** 2339

Service

Service Code	Service Description	Unit of Measure	Unit Rate (\$)	Number of Units	Remaining Units	Procedure Modifiers	ICD-10 Primary Diagnosis Code	Diagnosis Code Pointer
T2016	Long Term Community	1	\$213.53	180.00	165.00	U5-U6	F72	1

Service Code	Service Description	Unit of Measure	Unit Rate (\$)	Number of Units	Remaining Units	Procedure Modifiers	ICD-10 Primary Diagnosis Code	Diagnosis Code Pointer
	Supports Level 5							

Notification Level

Notify before expiry (Days) 15

Notify when total unit left (%) 15

Attachment(s)

File Name	Description	Date	Attached By
MLea Authorization 2023.pdf		09/01/2023	Helen Espinoza, Director of Services

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