

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL040-026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/21/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EDWARDS GROUP HOME #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1233 APPLE TREE ROAD</b> <b>STANTONSBURG, NC 27883</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on November 21, 2025. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility and its grounds were not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 11/19/25 at approximately 12pm revealed:</p> <ul style="list-style-type: none"> <li>-There were brown fluid stains extending approximately 12 -16" in length along the frame of client #4's closet door.</li> <li>-Client #4's bedroom had a window blind missing on the far left window.</li> <li>-The electrical receptacle cover was missing from the far left wall in client #3 and #5's bedroom and the window sills had paint rubbed off the corners.</li> <li>-There was a strong pungent odor in client #2's room and client #3/#5's bedroom.</li> <li>-Bathroom #2 had mildew present along the grout lines on the far right shower wall and the right</li> </ul>	V 736		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 736	<p>Continued From page 1</p> <p>side of the center shower wall. The mildew extended from the the caulk line at the base of the tile to approximately 4' in height along the walls.</p> <p>-The overhead light in bathroom #2 was not working and the bathroom counter top had a 2-3" chip in front of the sink and to the left of the sink.</p> <p>-The door handle in bathroom #2 was loose to the touch.</p> <p>Interview on 11/21/25 the Qualified Professional/Licensee stated she understood facility and grounds issues discussed.</p> <p>This deficiency has been cited 4 times since the original cite on 10/01/21 and must be corrected within 30 days.</p>	V 736		