

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/05/2025
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DOGWOOD CIRCLE	STREET ADDRESS, CITY, STATE, ZIP CODE 400 DOGWOOD CIRCLE HIGH POINT, NC 27265
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was completed on 12/5/25. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or	V 290	V 290 RM and TL inserviced all staff about supervised and unsupervised time for all the residents that reside at Dogwood Circle. TL and RM will implement an Unsupervised time note book to track time used by each person. <ul style="list-style-type: none"> ▪ This notebook will reflect time that each person gets in the community and at home. ▪ If a person has no unsupervised time it will be documented by their name in the notebook. ▪ If a person is left at home or goes into the community, staff will put the in and out time along with staff and resident signature. The notebook will be checked weekly by the residential manager or team lead.	12/10/25 12/10/25

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

Terru Teel

Team Lead

TITLE

(X6) DATE

12 / 30 / 2025

STATE FORM

6899

7CIO11

RECEIVED

JAN 05 2026

DHSR-MH Licensure Sect

If continuation sheet 1 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/05/2025
NAME OF PROVIDER OR SUPPLIER DOGWOOD CIRCLE		STREET ADDRESS, CITY, STATE, ZIP CODE 400 DOGWOOD CIRCLE HIGH POINT, NC 27265		
(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 290	<p>Continued From page 1</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 1 of 5 client (#3) was capable of remaining in the home without supervision for specified periods of time or a minimum of one staff member present. The findings are:</p> <p>Review of Client #3's record revealed: -Admitted on 10/20/25. -Diagnoses of Schizophrenia unspecified, Type 2 Diabetes, COPD, Moderate IDD, Recurrent falls while walking, and Blindness in both eyes. -No documentation of "Assessment Unsupervised Time."</p> <p>Interview on 12/3/25 with staff #2 revealed:</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/05/2025
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DOGWOOD CIRCLE	STREET ADDRESS, CITY, STATE, ZIP CODE 400 DOGWOOD CIRCLE HIGH POINT, NC 27265
---	---

(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 290	<p>Continued From page 2</p> <ul style="list-style-type: none"> -He worked at the facility every other weekend. -Had left client #3 in the facility while taking other dropping off other clients at their employment. -Was not aware that client #3 was unable to stay at the facility unsupervised. -Was suspended for two weeks for leaving client #3 unsupervised in the facility. <p>Interview on 12/3/25 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -The major of the clients had unsupervised time assessments completed at the facility. -Client #3's unsupervised time was not assessed due to him not being in the facility for 60 days. -Had retrained staff on supervised time for the clients. 	V 290		



December 30th, 2025

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

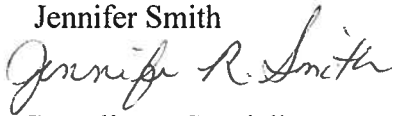
RE: Annual Survey completed December 5, 2025
Dogwood Circle, 400 Dogwood Circle, High Point, NC 27260
MHL # 041-1020

Hello,

Enclosed, please find the completed Plan of Correction for deficiencies cited during the survey referenced above.

Please let me know if you have any questions. Thank you.

Sincerely,
Jennifer Smith



Compliance Specialist
Jennifer.Smith@monarchnc.org
(704) 322-5058

