

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL061-008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/13/2026
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NAME OF PROVIDER OR SUPPLIER MITCHELL COUNTY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 86 RICHMOND ROAD BAKERSVILLE, NC 28705
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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 survey was completed on January 13, 2026. A deficiency was 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 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ul style="list-style-type: none"> (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 3 of 3 audited staff, (Executive Director/Qualified Professional (ED/QP), Staff #2, and #3 were currently trained in cardiopulmonary resuscitation/first aid (CPR/FA). The findings are:</p> <p>Review on 1/13/26 of the ED/QP's record revealed: -Hire Date: 7/15/93. -Position: ED/QP/Direct Support Professional (DSP). -Adult First Aid/CPR Training through American Heart Saver was completed on 11/29/23 and expired effective 11/2025.</p> <p>Review on 1/13/26 of Staff #2's record revealed: -Hire Date: 10/30/2000. -Position: DSP. -Adult First Aid/CPR Training through American Heart Saver was completed on 11/29/23 and expired effective 11/2025.</p> <p>Review on 1/13/26 of Staff #3's record revealed: -Hire Date: 2/24/94. -Position: DSP. -Adult First Aid/CPR Training through American Heart Saver was completed on 11/29/23 and</p>	V 108		

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V 108	Continued From page 2 expired effective 11/2025. Interview on 1/13/26 with the ED/QP revealed: -Responsible for staff training and supervision. -Have updated CPR/First Aid training for staff scheduled in the next few weeks. -Would ensure that staff got their updated CPR/First Aid Training so that it was current.	V 108		