

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-041 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R 01/14/2026 |
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| NAME OF PROVIDER OR SUPPLIER LEE COUNTY GROUP HOME II | STREET ADDRESS, CITY, STATE, ZIP CODE 2412 KNOLLWOOD DRIVE SANFORD, NC 27330 |
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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 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on January 14, 2026. 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 6 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p> | V 000 | | |
| V 107 | <p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. | V 107 | <p>RECEIVED</p> <p>FEB 03 2026</p> <p>DHSR-MH Licensure Sect</p> | |

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| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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[Handwritten Signature]
1/28/26
MED, QP

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| V 107 | <p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on records reviews and interview the facility failed to ensure 1 of 3 audited staff (Staff #6) met the minimum level of education requirements. The findings are:</p> <p>Review on 1/14/26 of Staff #6's personnel record revealed: -Hired date of 2/22/22.. -She was hired as a Group Home Manager. -There was no educational credentials in the personnel record.</p> <p>Interview on 1/14/26 with the Director revealed: -She was aware that Staff #6's educational credentials were not in the personnel record.</p> | V 107 | | |
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| V 107 | Continued From page 2 -She had asked Staff #6 to bring in her education documentation, but she had failed to do so. -Staff #6 had brought information indicating that she owed fees to a school, but did not mention the school's name. -She would have Staff #6 attend the school she went to and ask for transcripts information from main office. -She acknowledged the facility had failed to ensure that Staff #6 met the minimum level of education requirements. | V 107 | | |
| V 131 | G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on records reviews and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment affecting 1 of 3 audited staff (Staff #4). The findings are: Review on 1/14/26 of Staff #4's personnel record revealed: -Date of hire was 10/18/25. | V 131 | | |

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| V 131 | <p>Continued From page 3</p> <p>-She was hired as a Group Home Manager. -HCPR check was conducted on 1/5/26.</p> <p>Interview on 1/14/26 with the Director revealed: -She was not aware that the HCPR for Staff #2 had not been completed prior to hiring. -She had been updating clients and staff folders. -She was not able to go back in time, but moving forward, she would ensure that all required information would get completed prior to staff being employed. -She confirmed the facility failed to ensure the HCPR check was completed prior to Staff #4's employment.</p> | V 131 | | |
| V 752 | <p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation of the facility on 1/14/26 between 9:10 am and 9:25 am revealed: -Kitchen: -Water temperature was 120 degrees Fahrenheit.</p> | V 752 | | |

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| V 752 | <p>Continued From page 4</p> <ul style="list-style-type: none"> -Bathroom with a tub: <ul style="list-style-type: none"> -Water temperature was 118 degrees Fahrenheit. -Bathroom with a shower: <ul style="list-style-type: none"> -Water temperature was 118 degrees Fahrenheit. <p>Interview on 1/14/26 with the Director revealed:</p> <ul style="list-style-type: none"> -She was not aware that the facility's hot water was coming a "bit hot." -Facility building was maintained by the Arc. -Facility did not do periodic water temperature checks. -She would contact maintenance person to come and lower the temperature form the water heater. -She would implement periodic water checks at the facility. -She confirmed the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. | V 752 | | |

Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

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| Provider Name: | Lee County Group Home II | Phone: | 910-651-3106 |
| Provider Contact Person for follow-up: | Sarah Weekly, MEd, QP | Fax: | 919-292-0210 |
| | | Email: | sweekly26@gmail.com director@leecountygrouphome.com |
| Address: | 2412 Knollwood Dr. Sanford, NC 27330 Provider # MHL053-041 | | |

| Finding | Corrective Action Steps | Responsible Party | Time Line |
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| Based on records reviews and interview the facility failed to ensure 1 of 3 audited staff (Staff #6) met the minimum level of education requirements. | <p>Correct: QP provided a deadline for the staff member to provide proof of education and a transcript was provided.</p> <p>Prevent: QP will ensure that all new applicants provide the appropriate documents prior to their start date.</p> | QP or designee will monitor personnel records. A log will be completed and QP or designee will sign indicating each quarterly review and document any concerns. | <p>Implementation Date: January 23rd, 2026</p> <p>Projected Completion Date: January 31st, 2026 - Ongoing</p> |
| Based on records reviews and interview, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment affecting 1 of 3 audited staff (Staff #4). | <p>Correct: QP will ensure that the HCPR will be accessed prior to the start date for any new hires.</p> <p>Prevent: QP will ensure that the HCPR will be accessed prior to the start date for any new hires.</p> | QP or designee will monitor personnel records. A log will be completed and QP or designee will sign indicating each quarterly review and document any concerns. | <p>Implementation Date: January 23rd, 2026</p> <p>Projected Completion Date: January 31st, 2026 - Ongoing</p> |
| Based on observation and interview the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. | <p>Correct: Called the pumper out to check and adjust the water temperature. Ordered a thermometer and created a documentation log.</p> <p>Prevent: QP or designee will check and record water temperatures in all four rooms (kitchen and three bathrooms) monthly. Reporting any temperatures outside of acceptable parameters.</p> | QP or designee will monitor the documentation log and call plumber as needed to ensure the water remains within acceptable parameters. | <p>Implementation Date: January 23rd, 2026</p> <p>Projected Completion Date: January 31st, 2026 - Ongoing</p> |