STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G206	A. BUILDING ______ B. WING ______	R 01/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANSONVILLE GROUP HOME	1215 ANSONVILLE/ POLKTON ROAD ANSONVILLE, NC 28007

(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) COMPLETION DATE
{W 263}	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: A follow up visit was completed on 1/20/26. A total of one of seven deficiencies were not completed according to the plan of correction submitted. The deficiency has been re-cited. Based on observations, record review and interview, the facility failed to ensure restrictive techniques were reviewed and approved by the legal guardians for 6 of 6 clients (#1, #2, #3, #4, #5 and #6). The finding is: Observations throughout the recertification survey from 10/27/25-10/28/25 revealed exterior door alarms on exit doors of the facility. Further observation revealed the doors to chime loudly as staff and clients entered and exited the facility. Observations also revealed two locked hall closet doors. Review of facility documentation on 10/28/25 did not reveal updated legal guardian consents for exterior door alarms and locked hallway closets for clients #1, #2, #3, #4, #5 and #6. Further review of facility documentation did not reveal behavior support interventions for the locked hall closet doors for the clients. Interview with the qualified intellectual disabilities professional (QIDP) on 10/28/25 revealed she was not aware that the consents for the door alarms and door locks were not current with the	{W 263}		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{W 263}	Continued From page 1 legal guardians' approval and signatures. Further interview with the QIDP verified that the consents are to be signed annually.	{W 263}		