

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G057	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  01/21/2026
NAME OF PROVIDER OR SUPPLIER  HAYWOOD COUNTY GROUP HOME #3			STREET ADDRESS, CITY, STATE, ZIP CODE 401 WOODLAWN CIRCLE CLYDE, NC 28721	
(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
E 015	<p>Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1)</p> <p>§403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.542(b)(1), §485.625(b)(1)</p> <p>[(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:</p> <p>(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal.</p> <p>*[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (iii) The provision of subsistence needs for</p>	E 015	<p>The provider removed the expired emergency food and replaced it with fresh supplies.</p> <p>Drinks and water have been added to the emergency food supplies.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Todd Barr*

2/3/26

*Exec Dir. Anc of Haywood*

<p>015</p>	<p>Continued From page 1 hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following:</p> <p>(A) Food, water, medical, and pharmaceutical supplies.</p> <p>(B) Alternate sources of energy to maintain the following:</p> <p>(1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(2) Emergency lighting.</p> <p>(3) Fire detection, extinguishing, and alarm systems.</p> <p>(C) Sewage and waste disposal.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure the provision of subsistence needs for clients and staff relative to emergency food and water supplies. The finding is:</p> <p>Observation of the facility's emergency food supply on 1/20/26 revealed multiple food items including can goods, cereal, crackers, and fruit cups with an expiration date of 2025. Continued observation revealed two gallons of emergency water.</p> <p>Interview with group home coordinator on 1/20/26 revealed they recently removed the emergency water due to it being expired and have placed an order for new water. Continued interview with the group home coordinator revealed they were unaware that emergency food had expired.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 1/21/26 revealed the group home coordinators is responsible for managing and cycling emergency supplies. Continued interview with the QIDP confirmed emergency supplies should be inspected</p>	<p>E 015</p>	<p>The provider has removed the expired emergency food and replaced it with fresh supplies. Additionally, drinks and water have been added to the emergency food supplies. The Facility Group Home coordinator has received instructions from the Qualified Professional (QP) to avoid using the water or any other drinks from the emergency supplies. The QP has also instructed Group Home Coordinators and Direct Support Professionals (DSPs) to check the emergency supply on a monthly basis and report to their immediate supervisor if any items have expired.</p>	
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E 015  W 249	<p>Continued From page 2 regularly to ensure an adequate and unexpired supply. <b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 1 of 4 audited clients (#3) received a continuous active treatment program consisting of needed interventions relative to mealtime adaptive equipment. The finding is:</p> <p>Mealtime observations in the group home from 1/20-21/26 revealed client #3 to be provided the following mealtime equipment: scoop plate, regular fork and knife, and a cup with lid and straw. Continued observations revealed client #3 to struggle with using her regular fork during the meals and to receive encouragement from staff. Continued observations revealed curved spoons and forks present in the kitchen drawer.</p> <p>Review of client #3's record on 1/21/26 revealed a nutritional assessment date 4/1/25 which indicated their mealtime adaptive equipment includes a plate guard, curved spoon and fork,</p>	E 015  W 249	The facility has purchased adaptive utensils and a food processor. Staff members have been instructed to facilitate and implement accommodations daily.	

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W 249	Continued From page 3 and straw.	W 249	Adaptive equipment is available when recommended by a nutritionist.	
W 440	<p>Interview with the qualified intellectual disability professional (QIDP) on 1/21/26 confirmed client #3's nutritional assessment is current. Continued interview with the QIDP confirmed the facility is responsible for ensuring mealttime adaptive equipment is available and provided as prescribed.</p> <p><b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(1)</p> <p>at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure evacuation drills were held at least quarterly for each shift of personnel. The finding is:</p> <p>Review of the facility's fire drill reports on 1/20/26 revealed two missing fire drills for the third quarter of 2025 and three missing fire drills for the fourth quarter of 2025. Continued review revealed a missing first shift fire drill for the second quarter of 2025. Further review revealed the last fire drill took place on 7/15/25.</p> <p>Interview with the qualified intellectual disability professional on 1/21/26 revealed they have no further evidence of fire drill records. Continued interview confirmed fire drills should be conducted quarterly for each shift of personnel.</p>	W 440	<p>Group Home #3 will be conducting fire drills as required by the state of North Carolina. The drills report forms have been reviewed and will be used by the facility effective immediately.</p>	

W 474	<p><b>MEAL SERVICES</b> CFR(s): 483.480(b)(2)(iii)</p> <p>Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by:</p>	W 474	<p>A new food processor has been purchased, and food will be prepared for each meal for client #5.</p>
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<p>W 474</p>	<p>Continued From page 4</p> <p>Based on observations, record review and interview, the facility failed to ensure food was served in a form consistent with the developmental level of 1 of 4 audited clients (#5). The finding is:</p> <p>Observations in the group home on 1/20/26 at 5:58 PM revealed client #5 to participate in the dinner meal which consisted of baked chicken breast with gravy, pinto beans, cornbread, tea and water. Continued observation revealed staff to cut client's chicken breast into bite-size pieces with scissors and for client #5 to be served the pinto beans and cornbread in whole form.</p> <p>Observations in the group home on 1/21/26 at 6:45 AM revealed client #5 to participate in the breakfast meal which consisted of hard-boiled eggs, hashbrown's, mixed fruit, tea, coffee and juice. Continued observations revealed staff to serve client #5 the breakfast meal in whole form and assist client #5 with cutting up the items into bite-size pieces with a fork.</p> <p>Review of client #5's records on 1/21/26 revealed a nutritional assessment dated 9/1/25 which indicated their diet order to be minced and moist (MM5).</p> <p>Interview with qualified intellectual disabilities professional (QIDP) on 1/21/26 confirmed the diet order for client #5 is current. Continued interview with the QIDP revealed staff should always use the kitchen food processor to achieve client #5's minced and moist consistency. Further interview with the QIDP confirmed staff are responsible for ensuring clients receive their diet orders as prescribed.</p>	<p>W 474</p>	
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