

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL096-117</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>03/11/2026</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COUNTRY PINES #1</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2307 NORTH BESTON ROAD</b><br><b>LA GRANGE, NC 28551</b> |
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on March 11, 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 had a current census of 6. The survey sample consisted of audits of 3 current clients.</p>  | V 000         |   |                    |
| V 111              | <p><b>27G .0205 (A-B)</b><br/><b>Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> | V 111         |   |                    |

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

TITLE

(X6) DATE

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| V 111              | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interviews, the facility failed to ensure an admission assessment was completed for 1 of 3 current audited clients (#1) prior to the delivery of services. The findings are:</p> <p>Review on 3/10/26 of client #1's record revealed:<br/>-Admitted 4/9/25.<br/>-Diagnoses of Severe Intellectual Disability, Impulse Control Disorder, Expressive Language Disorder, Hypertension and Selective Mutism.<br/>-No evidence of an admission assessment to include presenting problems, needs, strengths, strategies or pertinent social, family and medical history.</p> <p>Attempted interview on 3/10/26 client #1 was unable to respond to interview due to his diagnosis.</p> <p>Interview on 3/11/26 the Office Manager stated:<br/>-There was no admission assessment for client #1.<br/>-It had been a while since the facility had a new admission and the admission assessment was missed.</p> | V 111         |   |                    |

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| V 111              | Continued From page 2<br><br>Interview on 3/10/26 the Qualified Professional stated:<br>-The office staff would be able to answer any questions and provide any needed information. | V 111         |   |                    |