

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411307</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/08/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AVALON'S LANDING GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4626 US HIGHWAY 220 NORTH SUMMERFIELD, NC 27358</b>
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on May 8, 2026. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 3 and has a current census of 3. 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> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <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		

Division of Health Service Regulation 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 document client-specific training to meet the mh/dd/sa needs of each client as specified in each client's treatment plan for 2 of 3 audited staff (Staff #1 and #2). The findings are:</p> <p>Review on 5/8/26 of Staff #1's personnel record revealed: -Hire date of 2/10/26. -Position as a paraprofessional. -No documentation of client-specific training of Clients #1, #2 and #3 needs and goals as identified in each of their individual treatment plans.</p> <p>Review on 5/8/26 of Staff #2's personnel record revealed: -Hire date of 12/25/25. -Position as a paraprofessional. -No documentation of client-specific training of Clients #1, #2 and #3 needs and goals as identified in each of their individual treatment plans.</p> <p>Interview on 5/6/26 with Staff #1 revealed: -She filled in as direct care staff. -Her work schedule varied as needed between</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>morning and night shifts.</p> <p>-She was familiar with one of Client #1's six diagnoses, his need for supervision to ensure his safety, and his abilities regarding his Activities of Daily Living (ADLs).</p> <p>-She did not know Client #2's diagnoses but she was familiar with how much medication he was administered in the mornings and at night, and his abilities regarding his ADLs.</p> <p>-Client #3 was a new client with a diagnosis of depression.</p> <p>- " I don't know what he (Client #3) needs help with."</p> <p>-She had reviewed the treatment plans of Clients #1, #2 and #3 and the Director/Qualified Professional (QP) discussed the needs of Clients #1, #2 and #3 as part of her training.</p> <p>Interview on 5/7/26 with Staff #2 revealed:</p> <p>-She had been the House Manager for a year.</p> <p>-She worked 7:30 am-5:30 pm, Monday through Friday.</p> <p>-She was knowledgeable of and had received training from the Director/QP about the diagnoses and needs of Clients #1, #2 and #3.</p> <p>-The Director/QP discussed with her the diagnoses, medications and needs of Clients #1, #2 and #3 at each client's admission.</p> <p>Interview on 5/8/26 with the Director/QP revealed:</p> <p>-Each staff worked with her when they (all staff) started work at the facility; she went over each client's diagnosis, medications, behaviors and needs.</p> <p>-She did not have documentation of client-specific training for each staff.</p> <p>-She would ensure she had documentation of client-specific training for each staff moving forward.</p>	V 108		

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V 114	Continued From page 3	V 114		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to accurately document fire and disaster drills quarterly for each shift. The findings are:</p> <p>Review on 5/8/26 of the fire and disaster drill log from 6/5/25 to 4/13/26 revealed: -Each fire and disaster drill page had both a fire and a disaster drill documented on the same date and at the same time. -It could not be determined which drill was a fire drill and which drill was a disaster drill for each date and time documented.</p> <p>Interview on 5/6/26 with Client #1 revealed: -He was admitted to the facility 3 months ago.</p>	V 114		

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V 114	<p>Continued From page 4</p> <p>-"I think we have done one or two fire drills." -He was aware the meeting place was outside for fire drills. -"I'm not sure" when asked about any disaster drills having been practiced.</p> <p>Interview on 5/6/26 with Client #2 revealed: -He had been living at the facility "a little over a year." -"I know we're having a fire drill when the smoke thing (alarm) goes off." -He knew the meeting place was located outside for fire drills. -"We hardly ever had one (disaster drill). I can't remember when one was done."</p> <p>Interview on 5/6/26 with Client #3 revealed: -He had been living at the facility for two months. -"No but I have an evacuation plan on my wall if I need to get out" when asked about whether he had practiced a fire drill. -He had not practiced a disaster drill since his admission.</p> <p>Interview on 5/7/26 with Staff #2 revealed: -Fire drills and disaster drills were held between the first and third week of each month. -An alarm was set off for the fire drill and the clients (Clients #1, #2 and #3) walked over to the church and waited 10-15 minutes before they returned to the facility with staff. -The last disaster drill was a tornado drill and "we go away from the windows and into the bathroom." -Disaster drills were practiced once a month.</p> <p>Interview on 5/8/26 with the Director/Qualified Professional revealed: -"We are doing (practicing) a fire drill and then a disaster drill during the same time."</p>	V 114		

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V 114	Continued From page 5  -"This is the way the management company wants us to document the drills." -She would have the fire and disaster drills documented separately to distinguish between the time and the type of drill practiced each quarter.	V 114		
V 752	27G .0304(b)(4) Hot Water Temperatures  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.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the hot water temperature between 100-116 degrees Fahrenheit in all areas of the facility where clients were exposed to hot water. The findings are:  Observation on 5/8/26 between 11:08 am and 11:37 am of the hot water temperature revealed: -130 degrees Fahrenheit at the kitchen sink. -130 degrees Fahrenheit at the laundry room sink. -130 degrees Fahrenheit at the shared client bathroom sink. -130 degrees Fahrenheit in the shared client bathtub-shower combination.  Interview on 5/6/26 with Client #1 revealed:	V 752		

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V 752	<p>Continued From page 6</p> <p>-He showered independently and staff assisted him with his laundry. -"It's (water temperature) always scorching hot ..." -He denied he had been burned by the hot water.</p> <p>Interview on 5/6/26 with Client #2 revealed: -He showered independently. -"It (water temperature) gets hot." -He denied he had been burned by the hot water.</p> <p>Interview on 5/6/26 with Client #3 revealed: -He showered independently. -"It's hot water." -"It's (water temperature) not hot enough to burn you."</p> <p>Interview on 5/8/26 with the Director/Qualified Professional (QP) revealed: -The water temperature was checked by staff but no water temperature log was kept. -She could not locate a water thermometer at the facility. -"None of the clients have said anything about the water temperature being too hot or scorching hot." -"I did not know it was that hot. I had a county residential inspection here on 11/24/25 and the hot water temperature was 103 degrees Fahrenheit." -"A plumber was called out here on 2/12/26 because the bathtub was not draining. I don't know if he did anything with the water heater. I was not here when he came out." -"The water temperature will be fixed today and maintained."</p> <p>Review of a Plan of Protection completed on 5/8/26 by the Director/QP revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p>	V 752		

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V 752	<p>Continued From page 7</p> <p>Today on 5/8/26 at 12:24pm, Landlord was called to come to site to readjust water temperature back to the standards of 100-116 (Fahrenheit). Water temperature will continuously be monitored by staff daily by house water thermometer that is available on site.</p> <p>-Effective immediately water will be adjusted and restricted to ensure safe levels for all clients. Staff were re-educated on monitoring water temperatures, consumer safety precautions, and reporting maintenance concerns immediately.</p> <p>-Effective 5/8/26 Staff will conduct temperature checks on all sinks, showers, and bathing areas accessible to consumers daily and maintenance was contacted to inspect the water heater and plumbing system to ensure proper functioning.</p> <p>-Effective 5/8/2026 Consumer will receive assistance with hygiene and bathing with increased supervision during water use to further ensure safety. In addition, effective 5/8/26 staff will be re-educated on monitoring water temperatures, identifying potential safety hazards, and reporting maintenance concerns promptly. The facility also will implement ongoing water temperature monitoring logs and increased administrative oversight to ensure continued compliance and prevent future occurrences effective 5/8/2026. The facility remains committed to maintaining a safe environment and protecting the welfare of all consumers in care.</p> <p>Describe your plans to make sure the above happens.</p> <p>Director/ Qp will ensure staff monitors to check and document water temperatures at designated times each day using approved temperature logs to ensure water remains within safe, regulated limits. These logs will be reviewed daily by</p>	V 752		

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V 752	<p>Continued From page 8</p> <p>director/QP to confirm compliance and identify any irregularities immediately. Director/QP will conduct random spot checks of water temperatures throughout the week to ensure accuracy and staff adherence to procedures. -Beginning 5/8/2026 all Staff will receive ongoing training and reminders on safe water temperature standards, proper documentation, and the importance of immediate reporting of any unsafe conditions. Any failure to complete required checks or maintain safe water temperatures will result in immediate corrective action, including retraining and disciplinary measures, if necessary, to ensure consumer safety is consistently maintained."</p> <p>This facility serves 3 clients with diagnoses of Schizophrenia, Autism, Traumatic Brain Injury, Major Depressive Disorder, Psychosis, Mild to Moderate Intellectual Developmental Disability, and Epilepsy. All 3 clients described the water temperature as hot to scorching hot. During a walkthrough of the facility, the water temperature was 130 degrees Fahrenheit in all areas where the clients are exposed to hot water.</p> <p>This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.</p>	V 752		