

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-145	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/06/2026
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NAME OF PROVIDER OR SUPPLIER THE GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 247 CHESTNUT GROVE ROAD STATESVILLE, NC 28625
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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>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 5/6/26. The complaint was substantiated (intake #NC00236669). A deficiency was cited.</p> <p>This facility is licensed for the fowling service category: 10A NCAC 5600B Supervised Living for Minors with Developmental Disability.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 744	<p>27G .0304(b) Safety</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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the staff failed to ensure the facility was designed, constructed and equipped in a manner that ensured the physical safety of clients, staff and visitors. The findings are:</p> <p>Review on 5/4/26 of client #1's file revealed: -Admitted on 8/21/23. -Diagnoses: Severe Intellectual Developmental Disability, Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Optional Defiant Disorder. -Treatment Plan Dated: 3/1/26.</p>	V 744		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 744	<p>Continued From page 1</p> <p>-Age: 17 years old.</p> <p>Observation on 5/4/26, at 3:33pm, of the inside of the facility revealed a broken/non-functioning smoke detector in Client #1 bedroom.</p> <p>Interview 5/4/26 with the Division of Health Service Regulation construction worker revealed: -"All sleeping rooms/bedrooms must have a smoke detector. If the home was licensed prior to 1996, they were only required in the corridors."</p> <p>Interview on 5/4/26 with staff #3 revealed: -Aware that the smoke detector was broken in client #1 bedroom. -Client #1 breaks the smoke detector "every time they (maintenance) comes to fix it."</p> <p>Interview on 5/6/26 with the Program Director revealed: -"[Client #1] to continues to pull it (smoke detectors) out, the work orders would go fix it and he would tear it up again ..." -The team will look to see if they can find a case to close up the smoke detector so [client #1] can not get to it."</p>	V 744		