

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL006006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2025
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NAME OF PROVIDER OR SUPPLIER EVERY COUNTY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 198 CEMETARY ROAD NEWLAND, NC 28657
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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 survey was completed on December 18, 2025. A deficiency was cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p>	V 290		

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

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V 290	<p>Continued From page 1</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a clients' treatment or habilitation plan documented the client was capable of remaining in the home or community without supervision affecting 3 of 3 audited clients (Clients #1, #2 and #3). The findings are:</p> <p>Review on 12/18/25 of Client #1's record revealed: -date of admission 8/29/88. -diagnoses of Mild Intellectual Developmental Disability (IDD), Dwarfism, Hydrocephaly and Post-Traumatic Stress Disorder. -"UNSUPERVISED TIME ASSESSMENT" dated 3/2/25, signed by Client #1, the Group Home Manager and the Qualified Professional (QP),</p>	V 290		

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NAME OF PROVIDER OR SUPPLIER AVERY COUNTY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 198 CEMETARY ROAD NEWLAND, NC 28657
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V 290	<p>Continued From page 2</p> <p>approved the client to have up to 4 hours of unsupervised time in the home or in the community per day. -treatment plan dated 3/2/25 - no goals or strategies for the allotted unsupervised time.</p> <p>Review on 12/18/25 of Client #2's record revealed: -date of admission 7/5/12. -diagnoses of Moderate IDD and Chronic Urinary Tract Infections. -"UNSUPERVISED TIME ASSESSMENT" dated 4/1/25, signed by Client #2, the Group Home Manager and the QP, approved the client to have up to 4 hours of unsupervised time in the home or in the community per day. -treatment plan dated 4/1/25 - no goals or strategies for the allotted unsupervised time.</p> <p>Review on 12/18/25 of Client #3's record revealed: -date of admission 11/14/17. -diagnoses of Moderate IDD, Hypertension, Arthritis and Asthma. -"UNSUPERVISED TIME ASSESSMENT" dated 10/25/25, signed by Client #3, and the QP, approved the client to have up to 4 hours of unsupervised time in the home per day. -treatment plan dated 10/25/25 - no goals or strategies for the allotted unsupervised time.</p> <p>Interview on 12/18/25 with Client #1 revealed: -worked at a local grocery store part-time. -could stay at facility unsupervised for 1 1/2 hours.</p> <p>Interview on 12/18/25 with Client #2 revealed: -worked at a local restaurant. -could stay at facility unsupervised; was not sure how many hours.</p>	V 290		

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V 290	<p>Continued From page 3</p> <p>Interview on 12/18/25 with Client #3 revealed: -was approved to stay at facility unsupervised. -was unsure of how many hours, "not long."</p> <p>Interview on 12/18/25 with the Group Home Manager revealed: -Client #1 worked and loved getting out in the community. -he also enjoyed time alone in his room. -he was approved to have 4 hours of unsupervised time at home and in the community. -Client #2 had a part-time job and worked 2 days a week, weather permitting, he enjoyed walking to work. -he liked to attend activities in the community and could go by himself. -he was approved 4 hours of unsupervised time at home and in the community. -Client #3 was approved for 4 hours of unsupervised time at home. -she did not want to join the group on outings at times and could stay at the facility unsupervised during these times.</p> <p>Interview on 12/18/25 with the QP revealed: -responsible to complete clients' goals and strategies for treatment plans. -the licensee had a new template for treatment plans, started "in the Fall of last year," and she did not realize unsupervised time was not documented in the client's treatment plans. -she would "make note to add that (unsupervised time) in (the treatment plans)."</p>	V 290		