Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL098-183	A. BUILDING: ______ B. WING ______	R **05/02/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A CARING HEART INDEPENDENCE CENTER	**1901 TARBORO STREET SW, SUITE 101 & 102** **WILSON, NC 27893**

(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	INITIAL COMMENTS A limited follow up survey for the Type B was completed on May 2, 2018. This was a limited follow up survey, only 10A NCAC 27E .0108 Clients Rights - Training in Seclusion, Restraint and Isolation Time Out (v537) was reviewed for compliance. The following was brought back into compliance: 10A NCAC 27E .0108 Clients Rights - Training in Seclusion, Restraint and Isolation Time Out (v537). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5400, Day Activity for Individuals of All Disability Groups.	V 000		

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