

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2018
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NAME OF PROVIDER OR SUPPLIER REALISTIC CHANGE BY CHOICE VALLEYBRO	STREET ADDRESS, CITY, STATE, ZIP CODE 245 VALLEYBROOK LANE TROUTMAN, NC 28166
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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 attempted on 6/13/18. According to the CEO (Chief Executive Officer)/Director of Treatment Services there are no clients currently being served at the facility. The last time clients were served at the facility was in December 2017.</p> <p>This facility is licensed for the following service category: Residential Treatment Staff Secure for Children or Adolescents.</p> <p>Observation on 6/13/18 of the facility at approximately 11:00 am revealed:</p> <ul style="list-style-type: none"> - No vehicles in the driveway of the facility - No answer at the front door of the facility - The voicemail box for the number listed for the facility was full and no additional messages could be left <p>Interview on 6/13/18 with the CEO/Director of Treatment Services revealed:</p> <ul style="list-style-type: none"> - The last time clients were served was in December 2017 - Since December 2017, she has been in the process of submitting an application for re-credentialing/re-verification for the NC Tracks program - NC Tracks was the program which provided Medicaid reimbursement to providers for the treatment services rendered to their clients - She was awaiting news of her status with regard to the re-credentialing/re-verification process and was "at the mercy" of those with NCTracks as to how quickly her application made its way through the process - While she is awaiting notification, renovations were being completed at the facility - She will notify DHSR when the facility begins serving clients again. 	V 000		

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

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