

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-066</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/24/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>YWCA-HAWLEY HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>941 WEST STREET WINSTON SALEM, NC 27101</b>
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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><b>INITIAL COMMENTS</b></p> <p>A limited follow up survey for the Type A1 was completed on August 24, 2018. This was a limited follow up survey, only 10A NCAC 27G .0204 Supervision and Competencies of Paraprofessional (V110) and 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0204 Supervision and Competencies of Paraprofessional (V110) and Assessment and Treatment/Habilitation or Service Plan (V112). No deficiencies were cited.</p> <p>This facility is licensed for the following service categories 10A NCAC 27G .5600E Supervised Living for Adults with a Substance Abuse Dependency and 10A NCAC 27G .4300 Supervised Therapeutic Community.</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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