

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/06/2018
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NAME OF PROVIDER OR SUPPLIER CLEVELAND CRISIS AND RECOVERY CENTEF	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH WASHINGTON STREET SHELBY, NC 28150
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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>A limited follow up survey for the Type A1 was completed on September 6, 2018. This was a limited follow up survey, only 10A NCAC 27G .5003 Operations (V271) and 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .5003 Operations (V271) and 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109). No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1100 Partial Hospitalization for Individuals who are Acutely Mentally Ill, 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals who are Substance Abusers, 10A NCAC 27G .3300 Outpatient Detoxification for Substance Abuse, and 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups.</p>	V 000		

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