

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/18/2018
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NAME OF PROVIDER OR SUPPLIER CHANGING LIVE NOW #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4675 HICKORY LINCOLNTON HIGHWAY NEWTON, NC 28658
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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 10/18/18. This was a limited follow up survey, only 10A NCAC 27G .0202(F-I) Personnel Requirements (Tag 108); 10A NCAC 27G .0203 .0203 Competencies of Qualified Professionals (Tag 109); 10A NCAC 27G.0205 Assessment and Treatment/Service Plan (Tag 112); 10A NCAC 27G .0206 Client Records (Tag 113); 10A NCAC 27G. 1301 Scope-Residential Treatment for Children or Adolescents (Tag 179); 10A NCAC 27G .1302 (b) (e) Staff (Tag 180); 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (Tag 367); GS 131 E-256 Health Care Professional Registry and GS 122 C-80 Prior Employment Criminal Background Background Checks were reviewed for compliance.</p> <p>All regulations noted above were brought back into compliance. No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents- Level II</p>	V 000		

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