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Division of Health Service Regulation

MALE OF PROVIDER OR SUPPLIER CHANGING LIVE NOW #3 A675 HICKORY LINCOLATION HIGHWAY NEWTON, NC 28658 SUMMARY STATEMENT OF DEFICIENCIES CEACH DEFICIENCY MUST BE PRECEDED BY PILL PRETIX TAG NO INITIAL COMMENTS A limited follow up survey for the Type A1 was completed on 101/81/8. This was a limited follow up survey, only 10A NCAC 27G.0203 (2005) (2006) (2016) (20	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4675 HICKORY LINCOLNTON HIGHWAY NEWTON, NC 28658 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS 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-1) Personnel Requirements (Tag 108); 10A NCAC 27G .0205 Assessment and Treatment/Service Plan (Tag 112); 10A NCAC 27G .0206 Client Records (Tag 113); 10A NCAC 27G .010 (c) (e) Staff (Tag 180); 10A NCAC 27G .010 (e) Staff (Tag 180); 10A NC				A. BOLEBING.		R	
CHANGING LIVE NOW #3 SUMMARY STATEMENT OF DEFICIENCISE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A limited follow up survey for the Type A1 was completed on 10/18/18. This was a limited follow up survey, only 10 A NCAC 27G, 0202(F-I) Personnel Requirements (Tag 108); 10A NCAC 27G, 0205 Assessment and Treatment/Service Plan (Tag 112); 10A NCAC 27G, 1301 Scope-Residential Treatment for Children or Adolescents (Tag 179); 10A NCAC 27G, 1301 (e) (e) Staff (Tag 180); 10A NCAC 27G, 0204 and B Providers (Tag 367); GS 131 E-256 Health Care Professional Registry and GS 122 C-80 Prior Employment Criminal Background Checks were reviewed for compliance. All regulations noted above were brought back into compliance. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G, 1300 Residential	MHL018-096		B. WING				
CAN ID SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE