

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-136</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/25/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARADIGM, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4001 OLD PACTOLUS ROAD</b> <b>GREENVILLE, NC 27834</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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A limited follow up survey for the Type A1 was completed on October 25, 2018. This was a limited follow up survey, only 10A NCAC 27G .5601 Supervised Living - Scope (v289), 10A NCAC 27G .0203 Competencies of Qualified Professionals (v109), 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (v110), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (v111), and 10A NCAC 27G .5603 Supervised Living - Operations (v291), were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .5601 Supervised Living - Scope (v289), 10A NCAC 27G .0203 Competencies of Qualified Professionals (v109), 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (v110), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (v111), and 10A NCAC 27G .5603 Supervised Living - Operations (v291). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_