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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  SECOND STREET HOME  242 N SECOND STREET ALBEMARIE, NC 28001  PRETIX TAG  SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PILL) PRETIX TAG  NO INITIAL COMMENTS  V 000  INITIAL COMMENTS  A limited follow up survey for the Type A1 was completed on 1/22/19. This was a limited follow up survey, only 10A NCAC 27G .0203  Competencies of Qualified Professionals and Associate Professionals V109 with cross reference 10A NCAC 27G .0203 Seasessment and Treatment/Habilitation or Service Plan V112 were reviewed for compliance. The following were brought back into compliance on V NCAC 27G .0203 Seasessment and Treatment/Habilitation or Service Plan V112. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
MHL084-069  NAME OF PROVIDER OR SUPPLIER  SECOND STREET HOME  242 N SECOND STREET ALBEMARLE, NC 28001   (X4) ID PREFIX TAG  (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 1/22/19. This was a limited follow up survey, only 10A NCAC 27G .0203  Competencies of Qualified Professionals and Associate Professionals V109 with cross reference 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 .0205 Assessment and Treatment/Habilitation or Service Plan V112. No deficiencies were cited.  This facility is licensed for the following service category:10A NCAC 27G .5000A Supervised				A. BUILDING:				
SECOND STREET HOME  242 N SECOND STREET ALBEMARLE, NC 28001    XA   D   PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   INITIAL COMMENTS   V 000     A limited follow up survey for the Type A1 was completed on 1/22/19. This was a limited follow up survey, only 10A NCAC 27G .0203   Competencies of Qualified Professionals and Associate Professionals V109 with cross reference 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan V112 were reviewed for compliance: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals V109 with cross reference 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan V112. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised	MHL084-069			B. WING				
SECOND STREET HOME   SUMMARY STATEMENT OF DEFICIENCIES   ID   PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   CROSS-REFERENCED TO THE APPROPRIATE   DATE      V 000   INITIAL COMMENTS   V 000	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
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Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE