

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/31/2019
NAME OF PROVIDER OR SUPPLIER CHESTNUT GROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 303 SAINT ANDREWS ROAD STATESVILLE, NC 28625		
(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>An annual survey was attempted on January 31, 2019. According to the Director there are no clients being served at the facility. The last time clients were served at the facility on October 11, 2018.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services.</p> <p>Interview on 1/28/19 of the Director:</p> <ul style="list-style-type: none"> - Reported that the facility had to discharge the last two clients October 11, 2018 due to the home was damaged during a hurricane. - "The home is currently under construction." - Reported that she contacted the Division of Health Service Regulation Raleigh office and advised them of the damage to the home and that clients were discharged. <p>Review on 1/31/19 of former client #1's discharge summary revealed:</p> <ul style="list-style-type: none"> - Admission date: 9/28/18 - The client was discharged on 10/11/18. <p>Review on 1/31/19 of former client #2's discharge summary revealed:</p> <ul style="list-style-type: none"> - Admission date: 10/4/19 - The client was discharged on 10/11/18. 	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE