

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-075 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/27/2019 |
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| NAME OF PROVIDER OR SUPPLIER DALTON'S DUGOUT-LIFESPAN, INCORPORATED | STREET ADDRESS, CITY, STATE, ZIP CODE 532 PLEASANT VALLEY ROAD MURPHY, NC 28906 |
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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>An annual and follow up survey for the Type A1 was completed on February 27, 2019. For the follow up survey, only 10A NCAC 27G.0203 Competencies of Qualified Professionals and Associate Professionals (V109) and 10A NCAC 27G.0205(d) Assessment and Treatment/Habilitation or Service Plan (V112) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G.0203 Competencies of Qualified Professionals and Associate Professionals (V109) and 10A NCAC 27G.0205(d) Assessment and Treatment/Habilitation or Service Plan (V112). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors whose primary diagnosis is Developmental Disability.</p> | V 000 | | |

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