Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL059-077 | A. BUILDING: _____ B. WING _____ | R 03/11/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| STAMEY HOME 1 | 180 JUSTICE ROAD MARION, NC 28752 |

| (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 | INITIAL COMMENTS<br><br>A limited follow up survey for the Type A1 was completed on 3/11/19. This was a limited follow up survey only 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112), 10A NCAC 27G .0209 Medication Requirements (V118), 10A NCAC 27G .0209 Medication Requirement (V123) and 10A NCAC 27G .5603 Operations (V291) were reviewed for compliance. The following were brought back in compliance 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112), 10A NCAC 27G .0209 Medication Requirements (V118), 10A NCAC 27G .0209 Medication Requirement (V123) and 10A NCAC 27G .5603 Operations (V291). No deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living. | V 000 | | |

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