

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/24/2019
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NAME OF PROVIDER OR SUPPLIER DIRECTCARE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 106 ORCHARD STREET FOREST CITY, NC 28043
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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>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type A1 was completed on June 24, 2019. This was a limited follow up survey, only 10A NCAC 27G .1701 Scope- Residential Treatment Staff Secure for Children and Adolescents (V293) with the cross-reference citations of 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plans (V112), and 10A NCAC 27E .0101 Client Rights-Least Restrictive Alternative (V513) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .1701 Scope- Residential Treatment Staff Secure for Children and Adolescents (V293), 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plans (V112), and 10A NCAC 27E .0101 Client Rights-Least Restrictive Alternative (V513).</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
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Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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