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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STEET ADDRESS, CITY, STATE, ZIP CODE 806 BETHEL ROAD MORGANTON, NC 28880 (A4) ID PRETIX TAG INITIAL COMMENTS A limited follow up survey for the Type B was completed on 8/14/19. This was a limited follow up survey, only 10A NOAC 27G.0209(c) Medication Requirements (V118). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.5100 Community Respite Services for Individuals of All Disability Groups.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
SCI - MORGANTON RESPITE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE) V 000 INITIAL COMMENTS V 000	MHL012-068		B. WING		08	1		
SCI - MORGANTON RESPITE CENTER MORGANTON, NC 28680 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DATE	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OERICITIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) COMPLETE DATE	SCI - MORGANTON RESPITE CENTER							
A limited follow up survey for the Type B was completed on 8/14/19. This was a limited follow up survey, only 10A NCAC 27G.0209(c) Medication Requirements (V118) was reviewed for compliance. The following was brought back into compliance: 10A NCAC 27G.0209(c) Medication Requirements (V118). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.5100 Community Respite Services for Individuals of All Disability	PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	(EACH CORRECTIVE ACTION SHOULD BE COMPL CROSS-REFERENCED TO THE APPROPRIATE DAT		COMPLETE	
	V 0000	A limited follow up su completed on 8/14/19 up survey, only 10A Medication Requirem for compliance. The into compliance: 10A Medication Requirem were cited. This facility is license category: 10A NCAC Respite Services for	rvey for the Type B was D. This was a limited follow NCAC 27G.0209(c) ents (V118) was reviewed following was brought back NCAC 27G.0209(c) ents (V118). No deficiencies d for the following service 27G.5100 Community	V 000	DEFICIENT	(CT)		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE