

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL014-006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/11/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BURKWELL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3476 MORGANTON BOULEVARD</b> <b>LENOIR, NC 28645</b>
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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><b>INITIAL COMMENTS</b></p> <p>A Follow up survey for a Type A1 was completed on 9/11/19. The following deficiencies were reviewed and are now back in compliance. No other deficiencies were cited.</p> <ul style="list-style-type: none"> <li>-10A NCAC 27G .1701 Scope (V293) Type A1,</li> <li>-10A NCAC 27G .0201 Governing Body Policies (V105) crossed referenced,</li> <li>-10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) crossed referenced,</li> <li>-10A NCAC 27G .0205 (a) Assessment and Treatment/Habilitation or Service Plan (V111) crossed referenced,</li> <li>-10A NCAC 27G .0205 (c) Assessment and Treatment/Habilitation or Service Plan (V112) crossed referenced,</li> <li>-10A NCAC 27G .1705 Requirements for Licensed Professional (V297) crossed referenced.</li> </ul> <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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_