

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL081-076</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/17/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KELLY'S CARE II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>521 OSCAR JUSTICE ROAD</b> <b>RUTHERFORDTON, NC 28139</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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A limited follow up survey for the Type A1 was completed on September 17, 2019. This was a limited follow up survey, only 10A NCAC 27G .0203(3) Personnel Requirements (V108); 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109); 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112); 10A NCAC 27G .0209 Medication Requirements (V118); 10A NCAC 27G .5602 Staff (V290); 10A NCAC 27E .0101 Least Restrictive Alternative (V513) and 10A NCAC 27G .5601 Scope-Supervised Living for Individuals of All Disability Groups (V289) were reviewed for compliance.</p> <p>The following were brought back into compliance: 10A NCAC 27G .0203(3) Personnel Requirements (V108); 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109); 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112); 10A NCAC 27G .0209 Medication Requirements (V118); 10A NCAC 27G .5602 Staff (V290); 10A NCAC 27E .0101 Least Restrictive Alternative (V513) and 10A NCAC 27G .5601 Scope-Supervised Living for Individuals of All Disability Groups (V289). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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