

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-422	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER INTERLUDE	STREET ADDRESS, CITY, STATE, ZIP CODE 32 CHILES AVENUE ASHEVILLE, NC 28803
--	--

(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>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type A1 violations was completed on October 8, 2019. This was a limited follow up survey, only 10A NCAC 27D.0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) cross referenced G.S. 131 E-256 (g) Health Care Personnel Registry (V132) and 10A NCAC 27G.0204 Competencies and Supervision of Paraprofessionals (V110) cross referenced 10A NCAC 27G.5102 Staff (V273) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27D.0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) cross referenced G.S. 131 E-256 (g) Health Care Personnel Registry (V132) and 10A NCAC 27G.0204 Competencies and Supervision of Paraprofessionals (V110) cross referenced 10A NCAC 27G.5102 Staff (V273) . No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G.5100 Community Respite Services for Individuals of all Disability Groups.</p>	V 000		

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