DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/15/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G263	B. WING			C 11/04/2019		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE	E, ZIP CODE	1 117	04/2013	
VOCA-YOUNG GROUP HOME				211 YOUNG STREET SHELBY, NC 28150				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	X (EACH CORRECTI) CROSS-REFERENCE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
W 000	INITIAL COMMENTS THIS FACILITY IS IN CONDITIONS OF PA INTERMEDIATE CAF INDIVIDUALS WITH DISABILITIES FOUN	I COMPLIANCE WITH THE RTICIPATION FOR RE FACILITIES FOR INTELLECTUAL D AT 42 CFR 483.400 AND 42 CFR 483.480	W	DEF		ALE.	DATE	
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	?F	TITLE			(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER VOCA-YOUNG GROUP HOME STREET ADDRESS, CITY, STATE, JP CODE 21 YOUNG STREET SHELBY, NC 28150 ID PROVIDER SHAN OF CREATEDING SHAN OF CR	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER VOCA-YOUNG GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 211 YOUNG STREET SHELBY, NC 28150 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE 211 YOUNG STREET SHELBY, NC 28150 PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE COMPLETION DATE			34G263	R WING					
VOCA-YOUNG GROUP HOME 211 YOUNG STREET SHELBY, NC 28150 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 211 YOUNG STREET SHELBY, NC 28150 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETION DATE	NAME OF P	340203			FET ADDRESS CITY STATE ZIP CODE				
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	THIS FACILITY IS IN CONDITIONS OF PA INTERMEDIATE CAF INDIVIDUALS WITH	RE FACILITIES FOR					

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