

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-157	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/09/2019
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NAME OF PROVIDER OR SUPPLIER INREACH/GREYWOOD DRIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 4922 GREYWOOD DRIVE CHARLOTTE, NC 28212
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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>INITIAL COMMENTS</p> <p>A limited follow up survey for a type A1 was completed on 12-9-19. This was a limited follow up survey, only 10A NCAC 27 G .0201 Governing Body Policies (V105), 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) crossed referenced into 10A NCAC 27G .5603 Operations (V291) were reviewed for compliance. The following were brought back into compliance : 10A NCAC 27 G .0201 Governing Body Policies (V105), 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) crossed referenced into 10A NCAC 27G .5603 Operations (V291). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600 Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.</p>	V 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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