

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-940 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 01/29/2020 |
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| NAME OF PROVIDER OR SUPPLIER RESOURCES FOR HUMAN DEVELOPMENT | STREET ADDRESS, CITY, STATE, ZIP CODE 1421 PLEASANT GARDEN LANE RALEIGH, NC 27610 |
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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>INITIAL COMMENTS</p> <p>A Follow Up Survey was completed 01/29/20. No deficiencies cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>Note: Review on 01/29/20 of the facility's public file maintained by the Division of Health Service Regulation revealed the following: -12/04/19-Mental Health License effective 12/04/19 and expiration date 12/31/19 issued. License reflected change of location, change of facility name and same mental health licensure number as approved by Licensure and Training Team -01/09/20-Mental Health License effective 01/09/20 and expiration date 01/31/2020 issued</p> <p>Based on the above noted record review, the previously cited deficiency 10A NCAC 27G .0301 COMPLIANCE WITH BUILDING CODES regarding was brought into compliance.</p> | {V 000} | | |

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