Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL053-066	A. BUILDING: _____ B. WING _____	C 02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MID CAROLINA INNOVATIONS	488 COMMERCE DRIVE SANFORD, NC 27332

(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	INITIAL COMMENTS A complaint survey was completed on 2/12/20. According to the Director of Quality Services, the client identified in the complaint is not receiving service in the Adult Developmental and Vocational Program (ADVP,) the service licensed for this facility. The complaints were unsubstantiated. (Intake #NC00160935; #NC00160785 & #NC00160769). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .2300, Adult Developmental and Vocational Program (ADVP) providing organized developmental activities for adults with developmental disabilities.	V 000		

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