

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-578	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/17/2020
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NAME OF PROVIDER OR SUPPLIER MYER'S PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2435 UMAR COURT CHARLOTTE, NC 28215
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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 the Type A1 rule violation was completed on February 17, 2020. This was a limited follow up survey, only 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professional (V109) cross referenced to 10A NCAC 27G .0209 Medication Requirements (V118) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) and 10A NCAC 27G .0209 Medication Requirements (V118). No deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p>	V 000		

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