Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL019-041	B. WING		02/2	8/2020	
					<u> UZIZ</u>	0/2020	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
CAROLINA HOUSE 176 LASSITER HOMESTEAD ROAD DURHAM, NC 27713							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COM		(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	2020. A deficiency This facility is licens categories: 10A NCAC 27G. 56 Adults with Mental I 10A NCAC 27G. 11	sed for the following service 600 A, Supervised Living for Ilness. 00, Partial Hospitalization For					
V 289	27G .5601 Supervis	e Acutely Mentally III. sed Living - Scope	V 289				
	provides residential home environment these services is the rehabilitation of indifference illness, a development or a substance abustance all the facility serves et (1) one or more (2) two or more (3) two or more (4) two or more (4) two or more (4) two or more (5) two or more (5) two or more (5) two or more (6) two or more (7) two or more (8) two or more (9) two or more (1)	ng is a 24-hour facility which services to individuals in a where the primary purpose of e care, habilitation or viduals who have a mental ental disability or disabilities, se disorder, and who require a the residence.					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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		MHL019-041	B. WING		02/2	8/2020
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
CAROLINA HOUSE 176 LASSIT DURHAM, N				STEAD ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 289	developmental disadiagnoses; (4) "D" designoses; (4) "D" designoses; (5) "E" designoses; (5) "E" designoses; (6) "F" designoses; (6) "F" designoses; (6) "F" designoses; (7) "F" designoses; (8) "F" designoses; (9) "F" designoses; (10) "F" designoses; (11) "F" designoses; (12) "F" designoses; (2) "F" designoses; (3) "F" designoses; (4) "F" designoses; (5) "F" designoses; (6) "F" designoses; (7) "A designoses; (8) "D" designoses; (9) "E" designoses; (10) "F" designoses; (11) "F" designoses; (12) "F" designoses; (13) "F" designoses; (14) "F" designoses; (15) "F" designoses; (16) "F" designoses; (16) "F" designoses; (16) "F" designoses; (17) "A designoses; (18) "F" designoses; (18)	ability but may also have other nation means a facility which se primary diagnosis is ependency but may also have nation means a facility which se primary diagnosis is ependency but may also have enation means a facility in a which serves no more than whose primary diagnoses is nay also have other adult clients or three minor	V 289			
	Based on interview management failed	et as evidenced by: and record review, the facility I to assure minor and adult le within the same facility. The				

Division of Health Service Regulation

STATE FORM 6899 XTEV11 If continuation sheet 2 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL019-041	B. WING		02/2	8/2020	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
CAROLII	CAROLINA HOUSE 176 LASSITER HOMESTEAD ROAD DURHAM, NC 27713						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 289	findings are: Review on 2/25/20 waiver dated 2/16/1 both adolescents ar facility. This waiver year 2018." Interview on 2/26/20 revealed that she w current waiver, and obtain the waiver wofficers (CEOs). Interview on 2/28/20 following informatio She had not reap She did not realiz She would start thimmediately. During this survey to	of the facility file revealed a 8 granting the facility to serve and adults within the same was "approved for licensure" of with the Director of Nursing as not able to produce a that the responsibility to could be the Chief Executive of with the CEO revealed the n; plied for a new waiver, we the waiver was time limited, the reapplication process the census in the facility was a 15, three of the clients were	V 289	DELIGITION)			

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Division of Health Service Regulation STATE FORM