

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060015 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/01/2020 |
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| NAME OF PROVIDER OR SUPPLIER NEVINS, INC. | STREET ADDRESS, CITY, STATE, ZIP CODE 3523 NEVIN ROAD CHARLOTTE, NC 28269 |
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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 complaint survey was attempted on 10-1-20. According to the Program Manager of Clinical Services, there are no clients being served at the facility. The last time clients were served at the facility was 8-18-20.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of all Disability Groups.</p> <p>Interview on 10-1-20 with the Program Manager of Clinical Services revealed:</p> <ul style="list-style-type: none"> -the facility was not currently providing services to clients on campus due to COVID-19; -"had initially closed the campus for all clients on 3-15-20 due to COVID-19;" -in June a survey was mailed to all client guardians/parents to see how many families were interested in having the campus reopen for services; -the facility had taken precautions to reduce the spread of COVID-19; -several families voiced an interest in the campus reopening; -the facility reopened on 7-6-20 for day supports; -had very low daily attendance after reopening on 7-6-20; -"the few clients that attended after reopening did not justify us being opened;" -the Board of Directors decided to suspend services on the campus again starting 8-19-20; -the facility will remain closed until Phase 3 is initiated; -"the campus will not reopen until Phase 3 starts and the Board of Directors will decide when to reopen the campus;" -the Local Management Entity had given family members options for in-home services due to COVID-19. | V 000 | | |

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