

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/11/2021
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NAME OF PROVIDER OR SUPPLIER CARE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 2533 AIRPORT ROAD MARION, NC 28752
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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 5/11/21. This was a limited follow up survey, only Type A1 rule violation in 10A NCAC 27G .0208 Client Services (V115) with cross references 10A NCAC 27G.0203 Competencies of Qualified Professionals and Associate Professionals (V109) and 10A NCAC 27G.0204 Competencies and Supervision of Paraprofessionals (V110) were reviewed for compliance. The following were brought back into compliance: Type A1 rule violation in 10A NCAC 27G .0208 Client Services (V115) with cross references 10A NCAC 27G.0203 Competencies of Qualified Professionals and Associate Professionals (V109) and 10A NCAC 27G.0204 Competencies and Supervision of Paraprofessionals (V110). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of all Disability Groups.</p>	V 000		

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