

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-924	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/29/2021
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NAME OF PROVIDER OR SUPPLIER PRECIOUS HAVEN #2	STREET ADDRESS, CITY, STATE, ZIP CODE 6033 CONCHO COURT FAYETTEVILLE, NC 28303
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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 June 29, 2021. This was a limited follow up survey, only 10A NCAC 27G .1701 Scope (V293) and 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .1701 Scope (V293) 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 .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		

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