

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-777	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COTTAGE HEALTH CARE SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3826 BLAND ROAD RALEIGH, NC 27609
--	---

(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 Complaint and Annual survey was attempted on 6/10/21. According to the Clinical Director there are no clients being served at the facility. The last time clients were served at the facility was approximately 2018.</p> <p>This facility is licensed for the following service categories:</p> <ul style="list-style-type: none"> - 10A NCAC27G. 4400 Substance Abuse Intensive Outpatient Program - 10A NCAC27G. 4500 Substance Abuse Comprehensive Outpatient Treatment Program - 10A NCAC27G. 1100 Partial Hospitalization for Individuals Who are Acutely Mentally Ill <p>Interview on 6/10/21 with the Clinical Director stated:</p> <ul style="list-style-type: none"> - no clients have been served in the licensed service categories since his employment in 2018 - the agency did not have a contract with the Managed Care Organization (MCO) for the licensed service categories - the agency intended to establish contracts in the future for the licensed service categories with the MCO and/or the Prepaid Health Plan (PHP) 	V 000		
-------	---	-------	--	--

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