

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL081-110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/26/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DIRECTCARE GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>106 ORCHARD STREET</b> <b>FOREST CITY, NC 28043</b>
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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><b>INITIAL COMMENTS</b></p> <p>A limited follow up survey for the Type B rule violation was completed on August 26, 2021. This was a limited follow up survey, only 10A NCAC 27G.0205 Assessment and Treatment Habilitation or Service Plan (V112); 10A NCAC 27G.1704 Minimum Staffing Requirements (V296); 10A NCAC 27G.1701 Scope (V293); 10A NCAC 27G.0209 Medication Requirements (e) Storage (V120); 10A NCAC 27G.0303 Location and Exterior Requirements (V736); 10A NCAC 27G.0304 Facility Design and Equipment (V742, V753, V774); 10A NCAC 27G.0208 Client Services (c) (V115) and NCGS 122C-62 Additional Client Rights (V364) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G.0205 Assessment and Treatment Habilitation or Service Plan (V112); 10A NCAC 27G.1704 Minimum Staffing Requirements (V296); 10A NCAC 27G.1701 Scope (V293); 10A NCAC 27G.0209 Medication Requirements (e) Storage (V120); 10A NCAC 27G.0303 Location and Exterior Requirements (V736); 10A NCAC 27G.0304 Facility Design and Equipment (V742, V753, V774); 10A NCAC 27G.0208 Client Services (c) (V115) and NCGS 122C-62 Additional Client Rights (V364). 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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Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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