

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/01/2021
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NAME OF PROVIDER OR SUPPLIER HEALTHY CHOICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1102 GROVE STREET KINGS MOUNTAIN, NC 28086
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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 complete on 9/24/21. This was a limited follow up survey, only: 10A NCAC 27G .0303 Location and Exterior Requirements (V736), 10A NCAC 27G .0203 Competences of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0205 (c) Assessment and treatment/ Habilitation or Service Plan (V112), 10A NCAC 27G .0209(c) Medication Requirements (V118), 10A NCAC 27G .0209(h) Medication Requirements (V123), 10A NCAC 27G .1704 Minimum Staffing Requirements (V296), 10A NCAC 27G .0604 Incident Reporting Requirements (V367), 10A NCAC 27E .0104 (e)(1-2) Seclusion, Physical Restraint (V518), 10A NCAC 27E .0104 (e)(8) Seclusion, Physical Restraint (V521), 10A NCAC 27E .0104 (e)(10) Seclusion, Physical Restraint (V522), 10A NCAC 27E .0104 (e) (12-16) Seclusion, Physical Restraint (V524), 10A NCAC 27E .0104 (e)(17) Seclusion, Physical Restraint (V525) and 10A NCAC 27E .0104 (e) (18-19) Seclusion, Physical Restraint (V526) were reviewed for compliance.</p> <p>The following were brought back into compliance: 10A NCAC 27G .0303 Location and Exterior Requirements (V736), 10A NCAC 27G .0203 Competences of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0205 (c) Assessment and treatment/ Habilitation or Service Plan (V112), 10A NCAC 27G .0209(c) Medication Requirements (V118), 10A NCAC 27G .0209(h) Medication Requirements (V123), 10A NCAC 27G .1704 Minimum Staffing Requirements (V296), 10A NCAC 27G .0604 Incident Reporting Requirements (V367), 10A NCAC 27E .0104 (e)(1-2) Seclusion, Physical Restraint (V518), 10A NCAC 27E .0104 (e)(8)</p>	V 000		

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

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V 000	<p>Continued From page 1</p> <p>Seclusion, Physical Restraint (V521), 10A NCAC 27E .0104 (e)(10) Seclusion, Physical Restraint (V522), 10A NCAC 27E .0104 (e) (12-16) Seclusion, Physical Restraint (V524), 10A NCAC 27E .0104 (e)(17) Seclusion, Physical Restraint (V525) and 10A NCAC 27E .0104 (e) (18-19) Seclusion, Physical Restraint (V526) 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		