

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL045-128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/03/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SILVER RIDGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>183 OLD TURNPIKE ROAD, BUILDING A</b> <b>MILLS RIVER, NC 28759</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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A limited follow-up survey for the Type A1 rule violation was completed on November 3, 2021. This was a limited follow-up survey, only 10A NCAC 27G.5601 Scope (V289) with cross references of 10A NCAC 27G.0201 Governing Body Policies (V105), 10A NCAC 27G.0208 Client Services (V115), and 10A NCAC 27G.0209(c) Medication Administration (V118) were reviewed for compliance.</p> <p>The following were brought back into compliance: 10A NCAC 27G.5601 Scope (V289) with cross references of 10A NCAC 27G.0201 Governing Body Policies (V105), 10A NCAC 27G.0208 Client Services (V115), and 10A NCAC 27G.0209(c) Medication Administration (V118). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G.5600E Supervised Living for Adults with Substance Abuse Dependency.</p>	V 000		

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