

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/03/2021
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NAME OF PROVIDER OR SUPPLIER REUTER COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 111 COMPTON DRIVE ASHEVILLE, NC 28806
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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 November 3, 2021. This was a limited follow-up survey, only 10A NCAC 27G.1701 Scope (V293), 10A NCAC 27G.0204 Competencies and Supervision of Paraprofessionals (V110), 10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Service Plan (V112), and 10A NCAC 27E.0108 Training in Seclusion, Physical Restraint, and Isolation Time-Out (V537) were reviewed for compliance.</p> <p>The following were brought back into compliance: 10A NCAC 27G.1701 Scope (V293), 10A NCAC 27G.0204 Competencies and Supervision of Paraprofessionals (V110), 10A NCAC 27G.0205 Assessment and Treatment/Habilitation or Service Plan (V112), and 10A NCAC 27E.0108 Training in Seclusion, Physical Restraint, and Isolation Time-Out (V537). 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		

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