

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-137 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 12/03/2021 |
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| NAME OF PROVIDER OR SUPPLIER PARK PLACE | STREET ADDRESS, CITY, STATE, ZIP CODE 109 PARKER LANE MORGANTON, NC 28655 |
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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 was completed 12/3/21. This was a limited follow-up survey, only 10A NCAC 27G.1301 SCOPE (V179) crossed referenced in 10A NCAC 27G.0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109), 10A NCAC 27G.0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (V110), 10A NCAC 27G.0205(c) ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (V112), 10A NCAC 27G.1302 STAFF (V180), 10A NCAC 27G.1303(d) OPERATIONS (V182), 10A NCAC 27G.0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (V366), 10A NCAC 27G.0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (V367) and 10A NCAC 27F.0105 CLIENT'S PERSONAL FUNDS (V542) were reviewed for compliance.</p> <p>The following were brought back into compliance 10A NCAC 27G.1301 SCOPE (V179) crossed referenced in 10A NCAC 27G.0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109), 10A NCAC 27G.0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (V110), 10A NCAC 27G.0205(c) ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (V112), 10A NCAC 27G.1302 STAFF (V180), 10A NCAC 27G.1303(d) OPERATIONS (V182), 10A NCAC 27G.0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (V366), 10A NCAC 27G.0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B</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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| V 000 | <p>Continued From page 1</p> <p>PROVIDERS (V367) and 10A NCAC 27F.0105 CLIENT'S PERSONAL FUNDS (V542). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> | V 000 | | |