Division of Health Service Regulation


Division of Health Service Regulation


NAME OF PROVIDER OR SUPPLIER
REVIVE HOUSING, LLC
STREET ADDRESS, CITY, STATE, ZIP CODE
523 NORTH LONG STREET
SALISBURY, NC 28144

| (X4) ID <br> PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | $\begin{gathered} \text { ID } \\ \text { PREFIX } \\ \text { TAG } \end{gathered}$ | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| :---: | :---: | :---: | :---: | :---: |
| V 296 | Continued From page 1 <br> and both shall be awake for five through eight children or adolescents; and <br> (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. <br> (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. <br> (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan. <br> This Rule is not met as evidenced by: Based on observation and interviews the facility failed maintain minimum staffing requirements of 2 staff for up to 4 clients. The findings are: <br> Observation on 4-19-22 at approximately 1:00 pm revealed: <br> -Staff \#1 opening the facility door to let surveyor in. <br> -Staff \#2 pulling into the driveway will fast food in his hands. <br> Interview on 4-19-22 with Client \#1 revealed: <br> -There were usually two staff working. <br> -lt was "not often" that one staff was there by themselves. | V 296 |  |  |

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION |
| :--- | :--- | :--- | :--- |
| AND PLAN OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: |

NAME OF PROVIDER OR SUPPLIER
REVIVE HOUSING, LLC
STREET ADDRESS, CITY, STATE, ZIP CODE
523 NORTH LONG STREET
SALISBURY, NC 28144


