

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL013-178</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/13/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SERENITY HOUSE, A DIVISION OF HOPE HAVEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>172 SPRING STREET, SW CONCORD, NC 28025</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 B was completed on 6/13/22. This was a limited follow-up survey, only 10A NCAC 27G .0209(e) Medication Requirements (V120) with cross reference 10A NCAC 27G .0209(b) Medication Requirements (V117) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0209(e) Medication Requirements (V120) with cross reference 10A NCAC 27G .0209(b) Medication Requirements (V117). 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> <p>This facility is licensed for 8 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		

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