

Division of Health Service Regulation

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL081-094</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>08/15/2022</b> |
|--|---|---|---|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>KELLYS CARE #3</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>133 KEETER ROAD</b><br><b>MOORESBORO, NC 28114</b> |
|---|--|

| (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 was completed on August 15, 2022. This was a limited follow-up survey, only 10A NCAC 27G.0205 Assessments and Treatment/Habilitation or Service Plan (V112) were reviewed for compliance. The following were brought back into compliance 10A NCAC 27G.0205 Assessments and Treatment/Habilitation or Service Plan (V112). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The facility had a capacity and census of 3. The survey sample consisted of audits of 3 current clients.</p> | V 000         |   |                    |

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