

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-402</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/31/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMONWEALTH GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205</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 two Type A1 deficiencies was completed on August 31, 2022. This was a limited follow up survey, only 10A NCAC 27G .5603 Operations (V291) and 10A NCAC 27F .0103 Health, Hygiene, and Grooming (V540) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .5603 Operations (V291) and 10A NCAC 27F .0103 Health, Hygiene, and Grooming (V540). No deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 4. 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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