

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/23/2022
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NAME OF PROVIDER OR SUPPLIER SUPPORT DAY TREATMENT	STREET ADDRESS, CITY, STATE, ZIP CODE 126 PERFORMANCE DRIVE LINCOLNTON, NC 28092
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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 on August 23, 2022. This was a limited follow up survey, only 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) was reviewed for compliance. The following was brought back into compliance: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances.</p> <p>This facility has a current census of 19. The survey sample consisted of audits of 1 former client.</p>	V 000		

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