PRINTED: 09/22/2022 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER SITEET ADDRESS, CITY, STATE, ZIP CODE 2419 NORWOOD STREET LENDIR, NO. 28645 (AC) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PLUL PREFIX TAG V 000 INITIAL COMMENTS A complaint and follow up survey was completed on September 21, 2022. The complaint was unsubstantiated (intake #NC00191893). No deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G, 2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities and 10A NCAC 27G, 5400 Day Activity for individuals of All Disability Groups. This facility has a current census of 67. The survey sample consisted of audits of 6 current clients.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2419 NORWOOD STREET LENOIR, NC 28645 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint and follow up survey was completed on September 21, 2022. The complaint was unsubstantiated (intake #NC00191893). No deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G. 2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities and 10A NCAC 27G. 5400 Day Activity for Individuals of All Disability Groups. This facility has a current census of 67. The survey sample consisted of audits of 6 current						l l	R-C	
GATEWAY OPPORTUNITIES LENOIR, NC 28645 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE	MHL014-027			B. WING		09	09/21/2022	
CX4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000								
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	GATEWAY OPPORTUNITIES							
A complaint and follow up survey was completed on September 21, 2022. The complaint was unsubstantiated (intake #NC00191893). No deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities and 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups. This facility has a current census of 67. The survey sample consisted of audits of 6 current	PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	(EACH CORRECTIVE ACTION SHOULD BE COMPLE CROSS-REFERENCED TO THE APPROPRIATE DATE		COMPLETE	
on September 21, 2022. The complaint was unsubstantiated (intake #NC00191893). No deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities and 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups. This facility has a current census of 67. The survey sample consisted of audits of 6 current	V 000	INITIAL COMMENTS		V 000				
		on September 21, 20 unsubstantiated (inta deficiencies were cited.) This facility is license categories: 10A NCA Developmental and Valudividuals with Developmental and Valudividuals with Developmental and Valudividuals with Developmental and Valudividuals with Developmental And NCAC 27G .5400 of All Disability Group. This facility has a cur survey sample consists	22. The complaint was ke #NC00191893). No ed. d for the following service C 27G .2300 Adult /ocational Programs for lopmental Disabilities and D Day Activity for Individuals es.					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE