

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/22/2022
NAME OF PROVIDER OR SUPPLIER PARK VISTA GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 38 THOMAS PARK DRIVE WAYNESVILLE, NC 28786		
(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 9/22/22. This was a limited follow up survey, only 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect, or Exploitation (V512), 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G.0204 Competencies and Supervision of Paraprofessionals (V110), 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366), 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367) and 10A NCAC 27G .0209 Medication Requirements (V120) were reviewed for compliance.</p> <p>The following were brought back into compliance: 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect, or Exploitation (V512), 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G.0204 Competencies and Supervision of Paraprofessionals (V110), 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366), 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367) and 10A NCAC 27G .0209 Medication Requirements (V120). No deficiencies were cited or re-cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 4 current clients.</p>	V 000		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE