DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPFIDENTIFICATION NUMBER:			A (X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL002-028	B. WING		C 10/10/22	
NAME OF DE	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE ZIR CODE		
				TE, ZII CODE		
Luca's Hope I	II	243 Liledoun Ro				
		Taylorsville, No	C 28681			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V000	Initial Comments:		V000			
	The complaint was	was completed on 10/10/22. substantiated (Intake # ciencies were cited.				
	category: 10A NCA	sed for the following service .C 27G. 1300 Residential ren and Adolescents.				
		sed for 6 and had a census of 4 sample consisted of audits of 1				
V110	27G .0204 Training	/Supervision Paraprofessionals	V110			
	SUPERVISION OF (a) There shall be r paraprofessionals. (b) Paraprofessional	204 COMPETENCIES AND PARAPROFESSIONALS no privileging requirements for alls shall be supervised by an				
	professional as spe Subchapter. (c) Paraprofessiona	enal or by a qualified ecified in Rule .0104 of this als shall demonstrate and abilities required by the				
	population served. (d) At such time as employment system	a competency-based n is established by rulemaking, ssionals and associate				
	professionals shall (e) Competence sh exhibiting core skill	demonstrate competence. all be demonstrated by s including:				
	(1) technical knowle (2) cultural awarene (3) analytical skills; (4) decision-making	ess;				
	(5) interpersonal sk (6) communication (7) clinical skills.	ills;				
PROVIDER L	ICENSEE OR LICENSEE DE	SIGNEE'S SIGNATURE	TITLE		DAT	E

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	MHL002-028	B. WING		C 10,) /10/22
	OVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
Luca's Hope I	II	243 Liledoun Ro				
		Taylorsville, NC	28681			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V110	develop and implem for the initiation of the plan upon hiring each This Rule is not me Based on interview failed to ensure stafknowledge, skills are population served for The findings are: Review on 9/29/22 revealed: -Date of hire – 7/15. -Date of training on interventions – 9/9/22 -Date of admission -Age – 13 years. -Diagnoses of Attent Disorder, Disruptive Specific Learning Doepression and Auti-Person-Centered Frevised 8/15/22 – ". by rulesignores by while cursing others peers hitting them at there is no issue or Review on 9/29/22 Improvement Syste on 9/20/22 by the Double of incident 9/20 Staff #1. -Client #1 punched	and record review the facility of demonstrated the and abilities required by the per one of one staff (Staff #1). of Staff #1's employee file with the staff alternatives to restrictive 21. Expires 9/30/22.	V110			
	was out of control a	to his room "…because he nd being very loud and ter calmed down and staff took				

TITLE

DEFICIENC	ED USE STATEMENT OF IES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLE	
		MHL002-028	B. WING		C 10/	; /10/22
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
Luca's Hope II		243 Liledoun Ro				
·		Taylorsville, NC	28681			
		, , ,				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V110	saw [Client #1] and (Staff #1) separated [Client #1] by his wrbecause he was still breaking them up profight[Client #1] bruised, and he felt his peers" -"This incident could had walked away from the stream of the situation of the stream of the str	when he came back inside, he one of his peers fighting. Staff I the two clients by pulling ist and leading him to his room I trying to fight/kick staff for reventing him from continuing stated that his arm was that staff caused this and not I have been prevented if staff om client as soon as he verbally and inappropriately ve assisted with client calming ion deescalating itself without f" Dermed that he would not be a clients until after the completed by DSS (Department and found unsubstantiated."	V110			
	Interviews on 9/27/22 with Clients #2 and #3 revealed: -They had fought with Client #1They witnessed him trying to knock Staff #1 down and hitting and kicking staff.					
Interview on 9/27/22 with Client #4 revealed: -He was aware of a separate incident when Client #1 locked himself in the bathroomHe saw Staff #1 "yanked his (Client #1) armpulling him outyanking and he (Staff #1) slid him (Client #1) across the floor[Client #1] was trying to fight back" -He did not know when this incident occurred.						
	Interviews on 9/29/22 and 10/6/22 with Client #1 revealed: -On 9/12/22 Staff #1 "was mad at me for being defianthe grabbed my arm and twisted it around my back" -He remembered locking himself in the bathroom shortly after he was admitted to the facility.					
ROVIDER L	CENSEE OR LICENSEE DES	SIGNEE'S SIGNATURE	TITLE		DATE	

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			(X3) DATE SURVEY COMPLETED	
MHL002-028	B. WING		10/) /10/22	
STREET ADDR	ESS CITY STA	TE ZIP CODE			
		12, 211 0002			
i aylorsville, NC	28681				
TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CO IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETE DATE	
2 and 10/5/22 with Staff #1 2/22 there were several clients. fter taking the trash out Client e on the floor fighting. It to quit but Client #1 If the him (Staff #1). If the bedroom to get him struggle with thatI grabbed arm around the off the floor. He was getting up tlet go of his arm when got hate "a lot of times have to not let her talk to him (Client his occurred on a date ocked himself in the bathroom worked with him. Indeed the bathroom door, "he had lid across the floor" In about 15 minutes and he had I'm not coming out. When he door, he was on the floor, he in the groin. That's when I "get up and grabbed his libow" If the groin is the control of fourt. Things happen so fast a you canminimize the clients) by the elbow" If the 9/12/22 incident the next the groin is the groin the next the groin the next the groin the next the groin the libow"					
i — _res _ e _ 2 2/ iff@gcos out ar donal new "llen co 2//tr	MHL002-028 STREET ADDR 243 Liledoun Ro Taylorsville, NC EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION) The anything else about this and 10/5/22 with Staff #1 /22 there were several clients. It of the floor fighting. It of quit but Client #1 If thin (Staff #1). In the bedroom to get him struggle with thatI grabbed arm around the Iff the floor. He was getting up tare "a lot of times have to and let her talk to him (Client to occurred on a date bocked himself in the bathroom worked with him. It occurred on a date bocked himself in the bathroom worked with him. It occurred on a date bocked himself in the bathroom worked with him. It occurred on a date bocked himself in the bathroom worked with him. It occurred on a date bocked himself in the bathroom worked with him. It occurred on a date bocked himself in the bathroom worked with him. 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It occurred on a date bocked himself in the bathroom worked with him. It occurred on a date bocked himself in the bathroom worked with him. It occurred the bocked himself in the bathroo	MHL002-028 STREET ADDRESS, CITY, STAY 243 Liledoun Road Taylorsville, NC 28681 EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION) PREFIX TAG TAG V110 PREFIX TAG V110 V110 V110 TAG TAG TAG TAG TAG TAG TAG TA	MHL002-028 STREET ADDRESS, CITY, STATE, ZIP CODE 243 Liliedoum Road Taylorsville, NC 28681 EMENT OF DEFICIENCIES MUST BE PRECEDED BY PILL CIDENTIFYING INFORMATION) PREFIX TAG PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION MIST BE PRECEDED BY PILL CIDENTIFYING INFORMATION) PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPROPRE DEFICIENCY) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPROPRE DEFICIENCY) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPROPRE DEFICIENCY) PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRE DEFICIENCY) PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRE DEFICIENCY) PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRE DEFICIENCY) PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO HE APPROPRE DEFICIENCY) PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO HE APPROPRE DEFICIENCY) PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO HE APPROPRE DEFICIENCY) PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO HE APPROPRE DEFICIENCY) PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO HE APPROPRE DEFICIENCY) PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO HE APPROPRE DEFICIENCY) PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO HE APPROPRE DEFICIENCY) PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO HE APPROPRE DEFICIENCY) PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO HE APPROPRE DEFICIENCY) PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO HE APPROPRE DEFIX TAGE TO THE APPROPRE DEFIX TAGE TO THE APPROPRE TAGE TAGE TAGE TAGE TAGE TAGE TAGE TAG	MHL002-028 STREET ADDRESS, CITY, STATE, ZIP CODE 243 Liledoun Road Taylorsville, NC 28881 EMENT OF DEFICIENCIES MUST BE PRECEDED BY FILL CIDENTIFYING INFORMATION) PREFIX TAG TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDERS	

TITLE

DEFICIENC	TED USE STATEMENT OF IES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE S COMPL	
		MHL002-028	B. WING		10	C 0/10/22
NAME OF DR	OVIDER OR SUPPLIER	STREET AND	RESS, CITY, STA	TE ZIR CODE		
				TE, ZIF CODE		
Luca's Hope II	II	243 Liledoun Ro				
		Taylorsville, No	C 28681			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V110	and had not returned. When clients are fit to "keep everybood the way to their restant to same roomwhat is force them to go to (clients) to go if he later the only thing she Client #1 locked him he was "acting out" chores. What she "underst minutes." "He (Staff #1) didn the bathroom. That They (staff) are not taught not to do that Review on 10/10/22 write revealed: "What immediate a ensure the safety of Luca's Hope will im that will ensure the forward. The facility suspending or possinvolved in this repeadmission that he in client on multiple of provide extra training regarding how to approve the provide extra training the safety of the safety	diately suspended on 9/13/22 and to the facility since. In the safe of the saf				
PROVIDER L	bathroomsDescribe your plan happens. ICENSEE OR LICENSEE DE	is to make sure the above	TITLE		DAT	Ē

DHSR LIMITED USE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S	
		MHL002-028	B. WING		10.) /10/22
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDE	RESS, CITY, STAT	TE ZIP CODE		
Luca's Hope I		243 Liledoun Ro		,		
		Taylorsville, NO				
	ı	rayiorsville, inc	, 20001			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V110	assist with monitoric engage with all clien program. The home trainer to be a part of that additional training that engage with the more on client incide will also have came be monitored on a reafety. Luca's Hope immediately." Review on 10/10/22 addendum dated 10 Director/CEO reveating the facility suspensatiff has not worked the facility will be not determine whether suspended/terminal schedule additional Communication Ski incident was not Commediately. The Director will mensure that safe sets staff. Luca's Hope with the thick work and engage enrolled in the programmeting, training an within the next two 10/31/2022All car regular basis ensuring this is a residential diagnoses including	nded staff on 9/13/2022 and d at the facility since that date. neeting in the next 2 weeks to staff will be permanently tedThe facility will also training on Effective Ils based on the fact that this immunicated to the Director irector was not informed about d not learn about the incident ay. The Director was informed by another staff member the ne incident happened onitor staff and clients to rvices are being provided by all will be hiring a house manager Director with monitoring all staff ge with all clients that are ram moving forwardThe nd cameras will all be in place weeks no later than meras will be monitored on a ing client safety."	V110			
	following day that the The Director will mensure that safe sets staff. Luca's Hope with that will assist the Ethat work and engagenrolled in the programeeting, training an within the next two 10/31/2022All carregular basis ensuring This is a residential diagnoses including	ne incident happened onitor staff and clients to rvices are being provided by all vill be hiring a house manager Director with monitoring all staff ge with all clients that are ram moving forwardThe nd cameras will all be in place weeks no later than meras will be monitored on a ing client safety."				

Anxiety Disorder, Depression and Autism
PROVIDER LICENSEE OR LICENSEE DESIGNEE'S SIGNATURE

TITLE

					=	
DEFICIENC	TED USE STATEMENT OF IES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					С	
		MHL002-028	B. WING		10/10/22	
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
Luca's Hope I	II	243 Liledoun Ro	oad			
		Taylorsville, NO	28681			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V110	and fight other clien able to de-escalate incidents when Clie bathroom on an unfighting with other clincidents Staff #1 pl grabbing Client #1 of the bathroom and beget him off the floor Type B rule violation health, safety, and wiolation is not correadministrative penal	Client #1 tended to be defiant ts and staff. Staff #1 was not the situation in at least two in #1 had locked himself in the known date and when he was lients on 9/12/22. During both hysically intervened by on the ankles to pull him out of y grabbing his wrist/forearm to. This deficiency constitutes an which is detrimental to the welfare of the clients. If the exted within 45 days, an lity of \$200.00 per day will be any the facility is out of the 45th day.	V110			

TITLE

	DEFICIENCI	ED USE STATEMENT OF ES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S COMPLI	
			MHL002-028	B. WING		10,) /10/22
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
Luca's Hope III 243 Liledoun R		oad					
			Taylorsville, N	C 28681			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE		

TITLE

DHSR LIMITED DEFICIENCIES AND PLAN OF (USE STATEMENT OF	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL002-028	B. WING	B. WING		10/22
NAME OF PROVI	DER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE ZIP CODE		
Luca's Hope III	SER OR OUT FIER	243 Liledoun Ro		TE, 211 CODE		
Laca c . repe		Taylorsville, NO				
		i aylorsville, ive	20001			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION (XI COMP TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE

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DHSR LIMITED DEFICIENCIES AND PLAN OF (USE STATEMENT OF	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL002-028	B. WING	B. WING		10/22
NAME OF PROVI	DER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE ZIP CODE		
Luca's Hope III	SER OR OUT FIER	243 Liledoun Ro		TE, 211 CODE		
Laca c . repe		Taylorsville, NO				
		r aylorsville, rve	20001			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION (XI COMP TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE

TITLE

DHSR LIMITED DEFICIENCIES AND PLAN OF (USE STATEMENT OF	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL002-028	B. WING	B. WING		10/22
NAME OF PROVI	DER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE ZIP CODE		
Luca's Hope III	SER OR OUT FIER	243 Liledoun Ro		TE, 211 CODE		
Laca c . repe		Taylorsville, NO				
		r aylorsville, rve	20001			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION (XI COMP TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE

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DHSR LIMITED DEFICIENCIES AND PLAN OF (USE STATEMENT OF	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL002-028	B. WING	B. WING		10/22
NAME OF PROVI	DER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE ZIP CODE		
Luca's Hope III	SER OR OUT FIER	243 Liledoun Ro		TE, 211 CODE		
Laca c . repe		Taylorsville, NO				
		i aylorsville, ive	20001			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION (XI COMP TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE

TITLE