Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-339	A. BUILDING: _____ B. WING _____	R 11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOMEN AND CHILDREN FIRST	12 TUPPER ROAD RIDGECREST, NC 28770

(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	INITIAL COMMENTS A limited follow up survey for the Type A1 and Type B was completed on 11/14/22. This was a limited follow up survey, only 10A NCAC 27G .0201 Governing Body Policies (V106)-Type A1 and 10A NCAC 27G .0304 Facilty Design and Equipment (V752)-Type B were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0201 Governing Body Policies (V106) and 10A NCAC 27G .0304 Facilty Design and Equipment (V752). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .4300 Therapeutic Community. This facility is licensed for 65 and currently has a census of 31.	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE