

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/21/2022
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NAME OF PROVIDER OR SUPPLIER YOUTH UNLIMITED HAYWORTH HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2748 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350
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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 A2 was completed on November 21, 2022. This was a limited follow up survey, only 10A NCAC 27G .0304 Facility Design and Equipment-Hot Water Temperatures (V752) was reviewed for compliance. The following was brought back into compliance: 10A NCAC 27G .0304 Facility Design and Equipment-Hot Water Temperatures (V752). No deficiencies were cited.</p> <p>This facility is licensed for the following service: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		

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