

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-222</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/21/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>REVIVE HOUSING, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>523 NORTH LONG STREET</b> <b>SALISBURY, NC 28144</b>
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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><b>INITIAL COMMENTS</b></p> <p>A limited follow up survey for the Type A1 was completed on 12/21/22. This was a limited follow up survey, only: G.S. 131E -256 HCPR Prior Employment Verification (V132); 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) and 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) were reviewed for compliance. The following were brought back into compliance: G.S. 131E -256 HCPR Prior Employment Verification (V132); 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) and 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or 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		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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