

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL002-028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/07/2022
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NAME OF PROVIDER OR SUPPLIER LUCA'S HOPE III	STREET ADDRESS, CITY, STATE, ZIP CODE 243 LILEDOWN ROAD TAYLORSVILLE, NC 28681
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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 B was completed on December 7, 2022. This was a limited follow up survey, only 10A NCAC 27G.0204 Competencies and Supervision of Paraprofessionals (V110) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G.0204 Competencies and Supervision of Paraprofessionals (V110). No deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>The facility is licensed for 6 and had a census of 6 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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