

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/22/2023
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NAME OF PROVIDER OR SUPPLIER LIFESPAN, INC-PAYTON PLACE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 291 STEWART ROAD ANDREWS, NC 28901
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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 A1 was completed on 2/22/23. This was a limited follow up survey, only 10A NCAC 27G .5601 Scope (V289), 10A NCAC 27G .0203 Competencies of Qualified Professionals (V109), 10A NCAC 27G .0204 Competencies of Paraprofessionals (V110), 10A NCAC 27G .0205 Treatment/Habilitation or Service Plan (V112), and 10A NCAC 27G .5602 Staffing (V290) were reviewed for compliance. The following were brought back in to compliance 10A NCAC 27G .5601 Scope (V289), 10A NCAC 27G .0203 Competencies of Qualified Professionals (V109), 10A NCAC 27G .0204 Competencies of Paraprofessionals (V110), 10A NCAC 27G .0205 Treatment/Habilitation or Service Plan (V112), and 10A NCAC 27G .5602 Staffing (V290). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		

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