Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C B. WING MHL001-187 04/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1536 MORNINGSIDE DRIVE CEESONS OF CHANGE **BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint and follow-up survey was completed on April 12, 2023. The complaint (intake #NC00199620) was unsubstantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness The facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients. V 107 27G .0202 (A-E) Personnel Requirements V 107 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, DHSR - Mental Health each staff member or any other person who provides care or services to clients on behalf of the facility: MAY 1 8 2023 (1) is at least 18 years of age; (2) is able to read, write, understand and Lic. & Cert. Section follow directions: (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and

RESENTATIVE'S SIGNATURE

Director

112/23

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Division	of Health Service Regu	lation			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
MHL001-187		MHL001-187	B. WING		R-C 04/12/2023
NAME OF PROVIDER OR SUPPLIER STREET A		ADDRESS, CITY, S	STATE, ZIP CODE		
CEESONS OF CHANGE 1536 MORNINGSIDE DRIVE					
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V 107	Interview on 4/12/23 v -He worked at the gro -He was currently enro high school equivalency -He took the exam but test.  Interview on 4/12/23 v -He was aware staff # school diplomaStaff #1 was working equivalency requirement The deficiency has been the original cite on 1/30 within thirty days.  27G .0303(c) Facility a  10A NCAC 27G .0303 EXTERIOR REQUIRE	with Staff #1 revealed: up home for most shifts. olled in school to obtain his cy diploma. t had to retake the math  with the Director revealed: 1 did not have his high on completing the ents.  en cited four times since 0/19 and must be corrected  and Grounds Maintenance  LOCATION AND MENTS	V 107)		take take the wholestor
	manner and shall be ke odor.  This Rule is not met as Based on observation a failed to maintain the ho attractive manner. The	ean, attractive and orderly apt free from offensive sevidenced by: and interview, the facility ome in a clean, safe, and			

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