

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/10/2023
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NAME OF PROVIDER OR SUPPLIER NEW GRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 21120 HIGHWAY 125 WILLIAMSTON, NC 27892
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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 complaint & limited follow up survey was completed on August 10, 2023. The complaint was unsubstantiated (Intake #NC00203755). No deficiencies were cited.</p> <p>The limited follow up survey for the Type A1's reviewed for compliance were:</p> <ul style="list-style-type: none"> - 10A NCAC 27D .0304 Protection from Harm, Abuse Neglect or Exploitation (V512) - Type A1 - 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) - Type A1 - 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) - cross referenced - G.S. §131E-256 Health Care Personnel Registry (V132) - cross referenced - 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366) - cross referenced - 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367) - cross referenced - 10A NCAC 27D .0101 Policy on Rights Restrictions and Interventions (V500) - cross referenced <p>The following were brought back into compliance:</p> <ul style="list-style-type: none"> - 10A NCAC 27D .0304 Protection from Harm, Abuse Neglect or Exploitation (V512) - Type A1 - 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) - Type A1 - 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) - cross referenced - G.S. §131E-256 Health Care Personnel Registry (V132) - cross referenced - 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers 	V 000		

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

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V 000	<p>Continued From page 1</p> <p>(V366) - cross referenced - 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers</p> <p>(V367) - cross referenced - 10A NCAC 27D .0101 Policy on Rights Restrictions and Interventions (V500) - cross referenced</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 1 current client & 2 former clients.</p>	V 000		