

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/29/2023
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NAME OF PROVIDER OR SUPPLIER NEW DESTINY	STREET ADDRESS, CITY, STATE, ZIP CODE 119 PEELE STREET 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 for the Type B was completed on August 29, 2023. The complaint was unsubstantiated (Intake #NC00204076). No deficiencies were cited.</p> <p>This was a limited follow up survey, only the following deficiencies were reviewed for compliance:</p> <ul style="list-style-type: none"> - 10A NCAC 27G .1701 SCOPE (V293) - Cross-referenced - 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V118) Type B <p>As a result of the follow up survey, it was determined that the following reviewed deficiencies are now in compliance:</p> <ul style="list-style-type: none"> - 10A NCAC 27G .1701 SCOPE (V293) - Cross-referenced - 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (V118) Type B <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 2. The survey sample consisted of audits of 2 current client & 1 former client.</p>	V 000		

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