

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/12/2023
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NAME OF PROVIDER OR SUPPLIER PERKINS PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 400 CAROLINA AVENUE SILER CITY, NC 27344
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on October 12, 2023. 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> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
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DHSR - Mental Health
NOV 1 2023
Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Maria Jordan

TITLE

Executive Director

(X6) DATE

10/17/23



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

October 17, 2023

Maria Jordan, Executive Director
Chatham County Group Homes, Inc.
217 Beaver Street
Siler City, NC 27344

Re: Annual & Follow-up Survey Completed October 12, 2023
Perkins Place, 400 Carolina Avenue, Siler City, NC 27344
MHL# 019-021
E-mail Address: ccgh@centurylink.net

Dear Ms. Jordan:

Thank you for the cooperation and courtesy extended during the Annual & Follow-up survey completed October 12, 2023.

As a result of the follow-up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report.

The annual survey did not result in any cited deficiencies. Enclosed for your review is the State Form, which reflects no cited deficiencies.

If we can be of further assistance, please call Bryson Brown, team leader at 919-855-3822.

Sincerely,

Edgar Garrido, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
dhhs@vayahealth.com
Jennie Kristiansen, Chatham County DSS
Pam Pridgen, Administrative Supervisor

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

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