## PRINTED: 03/04/2024 FORM APPROVED

490 RADIO ROAD TAYLORSVILLE, NC 28681       (X4) ID     PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL     PREFIX     COMPLE     (X5) COMPLE				(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 02/28/2024	
V 000     INITIAL COMMENTS     V 000       A limited follow up survey for the Type B was completed on 2/28/24. This was a limited follow up survey, only 10A NCAC 27G.1701 (V293) with cross references 10A NCAC 27G.1702 (V294), 10A NCAC 27G.1701 (V296), 10A NCAC 27G.1706 (V296), were reviewed for compliance 10A NCAC 27G.1701 (V298), ND deficiencies were cited.     V 000     V 000			MHL002-032				
EDORGIE'S HELPING HAND         TAYLORSVILLE, NC 28681         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COMME         V 000       INITIAL COMMENTS       V 000       V 000       V 000         A limited follow up survey for the Type B was completed on 2/28/24. This was a limited follow up survey, only 10A NCAC 27G.1701 (V293) with cross references 10A NCAC 27G.1702 (V294), 10A NCAC 27G.1704 (V296), 10A NCAC 27G.1705 (V297) and 10A NCAC 27G.1706 (V298) were reviewed for compliance. The following were brought back into compliance 10A NCAC 27G.1701 (V293) with cross references 10A NCAC 27G.1701 (V293), 10A NCAC 27G.1704 (V296), 10A NCAC 27G.1705 (V297) and 10A NCAC 27G.1706 (V298). No deficiencies were cited.       This facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children or Adolescents.       This facility is licensed for 5 and currently has a census of 1. The survey sample consisted of							
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V 000 TAG     (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     PREFIX TAG     (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)     COMPLE DATE       V 000     INITIAL COMMENTS     V 000       A limited follow up survey for the Type B was completed on 2/28/24. This was a limited follow up survey, only 10A NCAC 27G.1701 (V293) with cross references 10A NCAC 27G.1702 (V294), 10A NCAC 27G.1704 (V296), 10A NCAC 27G.1705 (V297) and 10A NCAC 27G.1706 (V298) were reviewed for compliance. The following were brought back into compliance 10A NCAC 27G.1701 (V293) with cross references 10A NCAC 27G.1702 (V294), 10A NCAC 27G.1704 (V296), 10A NCAC 27G.1705 (V297) and 10A NCAC 27G.1705 (V297) and 10A NCAC 27G.1706 (V298). No deficiencies were cited.     This facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children or Adolescents.     This facility is licensed for 5 and currently has a census of 1. The survey sample consisted of				SVILLE, NC 28681			
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