Division of Health Service Regulation

| MHL031-077 B. WING | | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE COMI | (X3) DATE SURVEY COMPLETED | |
|--|------------------------|--|---|--|---|---|-------------------------------|--|
| 120 BRYAN STREET | MHL031-077 | | | B. WING | S | | 24/2024 | |
| 120 BRYAN STREET | | | | | | | | |
| A CARING HEART INDEPENDENCE CENTER-K KENANSVILLE, NC 28349 | | | | | | | | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE | PREFIX | (EACH DEFICIENCY | / MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE | (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE | | |
| V 000 INITIAL COMMENTS V 000 | V 000 INITIAL COMMENTS | | | V 000 | | | | |
| A complaint survey was completed on July 24, 2024. One complaint was substaniated (intake #NC00219388) and one complaint was unsubstantiated (intake # NC00219399). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups. This facility has a current census of 11. The survey sample consisted of current client. | | A complaint survey 2024. One complaint #NC00219388) and unsubstantiated (indeficiencies were complaint to the facility is licensicategory: 10A NCA Individuals of All Distribution of the facility has a complete the facility has | was completed on July 24, nt was substaniated (intake d one complaint was take # NC00219399). No ited. sed for the following service C 27G .5400 Day Activity for sability Groups. urrent census of 11. The | | | | | |

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

TITLE (X6) DATE