

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL039-031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/10/2024
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NAME OF PROVIDER OR SUPPLIER LEARNING SERVICES NEUROBEHAVIORAL IN	STREET ADDRESS, CITY, STATE, ZIP CODE 800 RECOVERY DRIVE CREEDMOOR, NC 27522
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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 and limited follow up survey for the Type A2 was completed on October 10, 2024. The complaint was unsubstantiated (Intake #NC00222272).</p> <p>This was a limited follow up survey, only 10A NCAC 27G .0303 Location and Exterior Requirements (V736) was reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0303 Location and Exterior Requirements (V736). 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 Disability.</p> <p>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 1 current client.</p>	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____