

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL091-117</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/18/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROANOKE AVENUE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>264 S BECKFORD DRIVE HENDERSON, NC 27536</b>		
(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><b>INITIAL COMMENTS</b></p> <p>A limited follow up survey for the Type A1 and Type B was completed on 12/18/24. This was a limited follow up survey, only 10A NCAC 27G .5603 Supervised Living for Adults with Developmental Disabilities - Operations (V291) and 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .5603 Supervised Living for Adults with Developmental Disabilities -Operations (V291) and 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512). 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 5 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE