

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL097-071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/23/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPARTA ROAD HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>77 SPARTA ROAD</b> <b>NORTH WILKESBORO, NC 28659</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 was completed on December 23, 2024. This was a limited follow up survey, only 10A NCAC 27G .0208 Client Services/V115/Type A1, 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions/V536/Type A1, 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals/V109/Type A1 with Cross References: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers/V366; 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers/V367; General Statute 131E-256 Health Care Personnel Registry/V132; 10A NCAC 27D .0101 Policy on Rights Restrictions and Interventions/V500; and 10A NCAC 27G.5603 Operations/V291 were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0208 Client Services/V115/Type A1, 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions/V536/Type A1, 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals/V109/Type A1 with Cross References: 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers/V366; 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers/V367; General Statute 131E-256 Health Care Personnel Registry/V132; 10A NCAC 27D .0101 Policy on Rights Restrictions and Interventions/V500; and 10A NCAC 27G.5603 Operations/V291. 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 3 and has a current</p>	V 000		

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

TITLE

(X6) DATE

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V 000	Continued From page 1  census of 1. The survey sample consisted of audits of 1 current client.	V 000			