Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032-627	A. BUILDING: _____ B. WING _____	C 02/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDEAL DAY PROGRAM	2811 GUESS ROAD DURHAM, NC 27705

(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	INITIAL COMMENTS A complaint survey was completed on February 24, 2025. The complaint (intake #NC00227161) was unsubstantiated. No deficiencies were cited. This facility is licensed for the following service category: -10A NCAC 27G. 2300 Adult Developmental Vocational Program for individuals with Developmental Disabilities -10A NCAC 27G .5400 Day Activity for Indiviuduals of all Disability Groups This facility has a current census of 13. The 2300 Adult Developmental Vocational Programs for Individuals with Developmental Disabilities has a current census of 3 and the 5400 Day Activity for Individuals of all Disability Groups has a current census of 10. The survey sample consisted of audits of 1 current client in the 2300 program and 2 current clients in the 5400 program.	V 000		

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