

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-795 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 03/13/2025 |
| NAME OF PROVIDER OR SUPPLIER LIFE SKILLS INDEPENDENT CARE #1 | | STREET ADDRESS, CITY, STATE, ZIP CODE 800 PERRY HOWARD ROAD FUQUAY VARINA, NC 27526 | | |
| (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 annual and follow-up was attempted on March 13, 2025. The Licensee or other facility representative was not available and therefore the survey was not conducted. The last time clients were served at the facility was October 3, 2023.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>Surveyor arrived at the facility at approximately 9:30 a.m. and observed that the front yard was unkempt, no blinds or curtains at two windows in the front of the facility, and one garbage bin and one recycling bin in the front of the garage.</p> <p>An attempt to contact the Licensee via phone was unsuccessful as the voicemail was not activated. An attempt to contact the Licensee via facility phone was unsuccessful as it was a non-working number.</p> | V 000 | | |

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

TITLE

(X6) DATE