

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-273</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/20/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY WORKFORCE SOLUTIONS, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1011 SCHAUB DRIVE, SUITES 102 &amp; 104 RALEIGH, NC 27606</b>
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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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 11/20/25. The complaint was substantiated (intake #NC00234022). No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities and 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups.</p> <p>This facility is licensed for 0 and has a current census of 63. The 10A NCAC 27G .2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities has a current census of 10 and the 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups has a current census of 53. The survey sample consisted of audits of 2 current clients in the 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups.</p>	V 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_