

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/16/2026
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NAME OF PROVIDER OR SUPPLIER POA LIVING GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2510 LONG FERRY ROAD SALISBURY, NC 28146
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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
V 000	<p>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type A1 was completed on 2/16/26. This was a limited follow up survey, only 10A NCAC 27G .1701 Scope (V293) 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 .1701 Scope (V293) 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 .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>The facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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