

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL006-018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/25/2018
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NAME OF PROVIDER OR SUPPLIER GRANDFATHER HOME FOR CHILDREN - HICKORY C	STREET ADDRESS, CITY, STATE, ZIP CODE 240 GRANDFATHER HOME FOR CHILDREN DR - BLDG #1 BANNER ELK, NC 28604
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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 October 25, 2018. This was a limited follow up survey, only 10A NCAC 27G .0204 (c) Competencies And Supervision Of Paraprofessionals (V110) - Cross Referenced; 10A NCAC 27G .0205 Assessment and Treatment/Habilitation Or Service Plan (d) (2) (V112) - Cross Referenced; and 10A NCAC 27G .1301 Scope (V179) - Type A1 were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0204 (c) Competencies and Supervision Of Paraprofessionals (V110) - Cross Referenced; 10A NCAC 27G .0205 Assessment and Treatment/Habilitation Or Service Plan (d) (2) (V112) - Cross Referenced; and 10A NCAC 27G .1301 Scope (V179) - Type A1. No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p>	V 000		

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