Division of Health Service Regulation

MANE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 106 SOUTH WRIGHT STREET RAEFORD, NC 28376 (SALID (SALID (SALID RESULATORY OR ISC IDENTIFYING INFORMATION)) V 000 INITIAL COMMENTS An annual survey was completed on April 12, 2018. No deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27 G. 5600C Supervised Living for Adults with Developmental Disabilities.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COME	(X3) DATE SURVEY COMPLETED	
HOKE COUNTY GROUP HOME #2 106 SOUTH WRIGHT STREET RAEFORD, NC 28376 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DATE	mhl047-010			B. WING		04/	04/12/2018	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE