| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL084082 | A. BUILDING: _____ B. WING _____ | 04/10/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TAYLOR HOME | 804 WEST MAIN STREET ALBEMARLE, NC 28001 |

| (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 | INITIAL COMMENTS<br><br>A limited follow up survey for the Type A1 was completed on April 10, 2018. This was a limited follow up survey, only 10A NCAC 27G.5601 Scope of Supervised Living for Individuals with Developmental Disabilities (V289) was reviewed. The following was brought back into compliance: 10A NCAC 27G.5601 Scope of Supervised Living for Individuals with Developmental Disabilities (V289). No deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G.5600C Supervised Living for Individuals with Developmental Disabilities. | V 000 | | |