PRINTED: 04/30/2018 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1100 LAFAYETTE GROUP 1100 LAFAYETTE GROUP ALBEMARILE, NC. 28001 NAME OF PROVIDER'S PLAN OF CORRECTION (PRETIX PRETIX PLAN OF CORRECTION SEE PRECEDED BY PULL PREFIX PLAN OF CORRECTION SHOULD BE COMPACTED BY PRETIX TAG V. 000 INITIAL COMMENTS V. 000 INITIAL COMMENTS An annual and follow-up survey was completed on 4/17/18. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5500C Supervised Living for Developmentally Disabled Adults.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1100 LAFAYETTE DRIVE ALBEMARLE, NC 28001 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual and follow-up survey was completed on 4/17/18. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised								
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE