Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER MARLOWE PLACE STREET ADDRESS, CITY, STATE, ZIP CODE 22 MARLOWE DRIVE ASHEVILLE, NC 28801 ((X4) ID PREFIX TAG V 000 INITIAL COMMENTS An annual survey was completed on May 30, 2018. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .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 COMI	(X3) DATE SURVEY COMPLETED	
MARLOWE PLACE (X4) ID PREFIX TAG (Discrimination) (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH DEFICIENCY) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE COMPLETED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETED BY FULL CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS An annual survey was completed on May 30, 2018. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised	MHL011-265		B. WING		05/	05/30/2018		
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE