Division of Health Service Regulation

| MANUSE STREET ADDRESS, CITY, STATE, ZIP CODE 3212 PRESILEY WAY GREENSBORO, NC 27405 (XA) ID PREPIX 1AG INTITIAL COMMENTS A limited follow up survey for the Type B was completed on 6/14/2018. This was a limited follow up survey, only 10A NCAC 27G. 0209 Medication Requirements (V118). 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 | | (X3) DATE SURVEY COMPLETED | | |
|---|---|---|--|----------------------------|--|---|--|--|
| NAME OF PROVIDER OR SUPPLIER NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3212 PRESLEY WAY GREENSBORO, NC 27405 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A limited follow up survey for the Type B was completed on 6/14/2018. This was a limited follow up survey, only 10A NCAC 27G .0209 Medication Requirements (V118) was reviewed for compliance: 10A NCAC 27G .0209 Medication Requirements (V118). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised | | | is a control of the c | A. BUILDING: | | | | |
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE