Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
		MHL007-049	B. WING		06/1	9/2018					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
COUNTRY LIVING ESTATES 424 WHARTON STATION ROAD WASH, NC 27889											
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE					
V 000	INITIAL COMMENTS		V 000								
	An annual was attered According to the Fathere were no client The last time client was March 13, 201 This facility is license category: 10A NCA Living for Adults with Review on 6/19/18 record revealed: - 22 year old female - Diagnoses: Schizand Mild Intellectual (IDD) - Date of admission - Date of discharge	empted on June 19, 2018. acility Qualified Professional acts being served at the facility. s were served at the facility 8. sed for the following service AC 27G .5600A Supervised th Mental Illness. of Former Client (FC) #1's e oaffective Disorder; Bipolar; al Developmental Disabilities a: 3/6/18									
	 - 20 year old male - Diagnoses: Major Depressive Disorder unspecified; Dandy-Walker Syndrome - Date of admission: 6/13/17 - Date of discharge: 8/8/17 										
	- 19 year old male	n: 6/22/17									
	revealed:	00 am on 6/19/18 at the facility eway of facility locked blocking ty.									
	Interview on 6/19/1	8 the Facility Qualified									

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
		MHL007-049	B. WING		06/1	9/2018					
NAME OF PROVIDER OR SUPPLIER COUNTRY LIVING ESTATES STREET ADDRESS, CITY, STATE, ZIP CODE 424 WHARTON STATION ROAD WASH, NC 27889											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE					
V 0000	Professional stated - The facility has no	-	V 000								

6899

Division of Health Service Regulation STATE FORM