PRINTED: 07/02/2018 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY. STATE, ZIP CODE.  1030 FORESTBROOK GROUP HOME  1030 FORESTBROOK DRIVE GASTONIA, NO. 28064  (KA) ID PREFIX TAG  VOID  INITIAL COMMENTS  An annual and follow up survey was completed on 6/26/18. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5500C Supervised Living for Adults with Developmental Disabilities.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
FORESTBROOK GROUP HOME  GASTONIA, NC 28054   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (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 6/26/18. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised			MHL036-051	B. WING				
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE