Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER JOHNSON'S HOUSE OF HOPE FAMILY CARE I (X4) ID PREERX TAG AN annual survey was completed July 13, 2018. No deficiencies were cited. Living/Alternative Family Living NO INITIAL COMMENTS An annual survey was completed July 13, 2018. No deficiencies were cited. Living/Alternative Family Living NO INITIAL COMMENTS No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living/Alternative Family Living No deficiencies were cited. The following service category: 10A NCAC 27G. 5600F Supervised Living/Alternative Family Living No deficiencies were cited. The following service category: 10A NCAC 27G. 5600F Supervised Living/Alternative Family Living	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NU		ER/CLIA JMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMI	(X3) DATE SURVEY COMPLETED		
CAU ID SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG NO 10 INITIAL COMMENTS An annual survey was completed July 13, 2018. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised SUMMARY STATEMENT OF DEFICIENCE RALEIGH, NC 27610 PROVIDER'S PLAN OF CORRECTION OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DATE DEFICIENCY DATE D	MHL092-804			B. WING		07/	13/2018		
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE