Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4588 REEDY BRANCH ROAD WINTERVILLE, NC 28590 (X4) ID PREPRIA (EACH DEPICIENCY MUST BE PRECEDED BY PULL TAG V 000 INITIAL COMMENTS An annual and follow up survey was completed on August 8, 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 COMF	(X3) DATE SURVEY COMPLETED	
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE