



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

July 20, 2018

Kellie Hardison, Administrator
Country Living Guest Home, Inc.
3052 Market Street Extension
Washington, NC 27889

Re: Annual and Complaint Survey Completed July 18, 2018
Country Living Guest Home #2, 3052 Market Street Extension Washington, NC 27889
MHL# 007-033
E-mail Address: countrylivinginc@yahoo.com
Intake # NC 00133830

Dear Ms. Hardison:

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed July 18, 2018.

The annual survey did not result in any cited deficiencies. Enclosed for your review is the State Form, which reflects no cited deficiencies.

The complaint was unsubstantiated and did not result in any cited deficiencies.

If we can be of further assistance, please call Wendy Boone, Team Leader at 252-568-2744.

Sincerely,

A handwritten signature in black ink that reads "Beth Phillips, MAEd".

Beth Phillips
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO
Sarah Stroud, Director, Eastpointe LME/MCO
Jeanette Jordan-Huffam, Quality Management Director, Eastpointe LME/MCO
File

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/18/2018
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NAME OF PROVIDER OR SUPPLIER
COUNTRY LIVING GUEST HOME #2

STREET ADDRESS, CITY, STATE, ZIP CODE
**3052 MARKET STREET EXTENSION
WASHINGTON, NC 27889**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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INITIAL COMMENTS

An annual and complaint survey was completed on July 18, 2018. The complaint was unsubstantiated (#NC00133830.) No deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.

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RECEIVED

By csbrantley at 2:22 pm, Aug 13, 2018

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kelvin M. Hansen

Administrator

8/13/18

STATE FORM

6389

XJP511

If continuation sheet 1 of 1