Division of Health Service Regulation

| MANE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4800 ELMINISTRIDGE COUNT RALEIGH, NC 27618 (CA)1D PRETIX REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An Annual Survey was completed on 08/17/18. No deficiencies were cited. This facility is licensed for the following service category, 10 A NCAC 276. 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 COMI | (X3) DATE SURVEY COMPLETED | |
|--|---|---|--|--|---|-------------------|-------------------------------|--|
| CX4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG INITIAL COMMENTS V 000 INITIAL COMMENTS An Annual Survey was completed on 08/17/18. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised C7616 COMPLETE CACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DATE) COMPLETE DATE COMPLETE DATE COMPLETE DATE CROSS-REFERENCED TO THE APPROPRIATE DATE COMPLETE DATE COMPLETE DATE CROSS-REFERENCED TO THE APPROPRIATE DATE COMPLETE DATE COMPLETE DATE CROSS-REFERENCED TO THE APPROPRIATE DATE CROSS-REFERENCED T | MHL092-424 | | | B. WING | | 08/ | 08/17/2018 | |
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE