MHL019-068 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CAROLINA HOUSE 7200 NC HIGHWAY 751 DURHAM, NC 27713 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTIVE (EACH DEFICIENCY MUST BE PRECEDED BY FULL	(X3) DATE SURVEY COMPLETED	COM	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	
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