PRINTED: 09/11/2018 FORM APPROVED

Division of Health Service Regulation

MHL029062 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 216 AGNER LANE LEXINGTON, NC 27292 (X4) ID PREPIX (EACH DEPICIENCY MUST BE PRECEDED BY PULL NO PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE PRECEDED BY PULL NA PROVIDERS PLAN OF CORRECTION (CHOS PREPIX NA) V 000 INITIAL COMMENTS A complaint survey was completed on September 11, 2018. The complaints (Intake #00141489 and Intake #00142974) were unsubstantiated. This facility is licensed for the following service category: 10 A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE