Division of Health Service Regulation

MALE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 306 LOCUST STREET WEST JEFFERSON, NC 28694 WEST JEFFERSON, NC 28694 PROVIDER'S PLAN OF CORRECTION (A) ID (A) ID (B) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PLLL REGULATORY OR LSC IDENTIFYING INFORMATION) A limited follow up survey for the Type A1 was completed on September 13, 2018. This was a limited follow up survey, only 10A NCAC 27G (b) .5803 Supervised Living - Operations (V291) with Cross Reference: 10A NCAC 27G (2009 (c) (1) (4) Medication Requirements (V118). The following were brought back into compliance: 10A NCAC 27G .0202 (g) (3) Personnel Requirements (V108) and Cross Reference: 10A NCAC 27G .0202 (g) (3) Personnel Requirements (V118). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5500C Supervised Living for Adults with Developmental Disabilities.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING:		(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