## PRINTED: 10/05/2018 FORM APPROVED

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING ADDRESS, CITY, STATE, ZIP CODE		(X3) DATE SURVEY COMPLETED	
		NUL 0// 7/0				
	MHL041-718 ME OF PROVIDER OR SUPPLIER STREET				10	10/04/2018
JNITED LI	VING, LLC		SBORO, NC 27405	-		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMPLI		(X5) COMPLET DATE
	INITIAL COMMENTS		V 000			
	An annual and follow up survey was completed on October 4, 2018. No deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities.					
	alth Service Regulation	/SUPPLIER REPRESENTATIVE'S SIGNATUI		TITLE		(X6) DATE

UI5X11