PRINTED: 10/24/2018 FORM APPROVED

Division of Health Service Regulation

FOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
	MHL0411081	B. WING		10/19/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				
MAXINE DRIVE GROUP HOME ### AXINE DRIVE ### HIGH POINT, NC 27265				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE COMPLETE
V 000 INITIAL COMMENTS		V 000		
An annual survey was deficiencies were cite This facility is licensed category: 10A NCAC	s completed 10/19/2018. No d. d for the following service 27G .5600C Supervised			
	PROVIDER OR SUPPLIER PRIVE GROUP HOME SUMMARY STI (EACH DEFICIENC' REGULATORY OR L INITIAL COMMENTS An annual survey was deficiencies were cite This facility is licensed category: 10A NCAC	MHL0411081 ROVIDER OR SUPPLIER STREET AD PRIVE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	MHL0411081 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATEBRIVE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A. BUILDING: _ B. WING 2612 MAXINE DRIVE HIGH POINT, NC 27265 ID PREFIX TAG INITIAL COMMENTS V 000 An annual survey was completed 10/19/2018. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised	MHL0411081 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2612 MAXINE DRIVE HIGH POINT, NC 27265 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A. BUILDING: B. WING 2612 MAXINE DRIVE HIGH POINT, NC 27265 ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE ACTION SHOULD CROSS-REFERENCED TO THE APP

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE