PRINTED: 10/30/2018 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  REGIS AVENUE GROUP HOME  DURHAM, NO 27708  SUMMARY STATEMENT OF DEFICIENCIES  PREFIX TAG  VO00 INITIAL COMMENTS  An annual survey was completed on 10/29/2018. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 273.6500C Supervised Living for Adults with Developmental Disabilities.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION ( A. BUILDING:		(X3) DATE COMP	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  4425 REGIS AVENUE  DURHAM, NC 27705   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  An annual survey was completed on 10/29/2018. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G.5600C Supervised  STREET ADDRESS, CITY, STATE, ZIP CODE  4425 REGIS AVENUE DURHAM, NC 27705  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  V 000  INITIAL COMMENTS  V 000			MHI 032-261	B. WING		10/2	9/2018	
CX4) ID   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   CROSS-REFERENCED TO THE APPROPRIATE DATE      V 000   INITIAL COMMENTS   V 000	10/20/2010							
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE