A. BUILDING: R B. WING B. WING 11/07/20 VAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HOPEWELL 292 DOGWOOD LANE SNOW HILL, NC 28580 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CO	Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040006		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
MHL040006     B. WING     11/07/20       IAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       IOPEWELL       SUMMARY STATEMENT OF DEFICIENCIES SNOW HILL, NC 28580       (X4) ID PREFIX TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC. IDENTIFYING INFORMATION)     D PREFIX TAG     PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)     CO       V 000     INITIAL COMMENTS     V 000     V 000     INITIAL COMMENTS     V 000       A limited follow up survey for the Type A2 and complaint survey was completed on November 7, 2018. The complaint was substantiated (NC00145103). This was a limited follow up and complaint survey, only 10A NCAC 27G .0209 Medication Requirements (V118) were reviewed for compliance: 10A NCAC 27G .0209 Medication Requirements (V118). No deficiencies were cited.     V     V     V       This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised     V     V     V			IDENTIFICATION NOMBER.	A. BUILDING:			
292 DOGWOOD LANE SNOW HILL, NC 28580         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       CC         V 000       INITIAL COMMENTS       V 000       V 000       INITIAL COMMENTS       V 000       INITIAL COMMENTS       V 000         Medication Requirements (V118) were reviewed for compliant survey, only 10A NCAC 27G .0209 Medication Requirements (V118) were reviewed for compliance: 10A NCAC 27G .0209 Medication Requirements (V118). No deficiencies were cited.       INITIAL COLS (118). No deficiencies were cited.       Initial following service category: 10A NCAC 27G .5600C Supervised       Initial following service category: 10A NCAC 27G .5600C Supervised       Initial following service			MHL040006	B. WING			н 11/07/2018
IOPEWELL         SNOW HILL, NC 28580           (X4) ID PREFIX TAG         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFIX TAG         PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         co           V 000         INITIAL COMMENTS         V 000         V 000         INITIAL COMMENTS         V 000           A limited follow up survey for the Type A2 and complaint survey was completed on November 7, 2018. The complaint was substantiated (NC00145103). This was a limited follow up and complaint survey, only 10A NCAC 27G .0209 Medication Requirements (V118) were reviewed for compliance: 10A NCAC 27G .0209 Medication Requirements (V118). No deficiencies were cited.         No           This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised         Initial follow ip service	IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
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