PRINTED: 12/07/2018 FORM APPROVED

Division of Health Service Regulation

T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		7. 501251110.		
	MHL0601372	B. WING		12/03/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				
SUMMERS HOME 6723 KINDLING COURT CHARLOTTE, NC 28227				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE COMPLETE  CROSS-REFERENCED TO THE APPROPRIATE DATE  DEFICIENCY)	
V 000 INITIAL COMMENTS		V 000		
An annual survey was 2018. No deficiencies  This facility is licensed category: 10A NCAC	s completed on December 3, s were cited. d for the following service 27G .5600F Alternative	V 000		
	SHOME  SUMMARY ST.  (EACH DEFICIENCY REGULATORY OR LEADER SHOME  INITIAL COMMENTS  An annual survey was 2018. No deficiencies  This facility is licensed category: 10A NCAC Family Living for Indiv	MHL0601372  ROVIDER OR SUPPLIER STREET ADI S HOME 6723 KINE CHARLOT  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  An annual survey was completed on December 3, 2018. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living for Individuals with Developmental	MHL0601372  B. WING  ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE OF A STATE	MHL0601372  ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  6723 KINDLING COURT CHARLOTTE, NC 28227  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  A. BUILDING:  B. WING  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)  V 000  An annual survey was completed on December 3, 2018. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living for Individuals with Developmental

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

TITLE (X6) DATE