PRINTED: 12/19/2018 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER BOYD GROUP HOME 115 BOYD STREET EDEN, NC 27288 (XA) ID PREFIX TAG (SACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual survey was completed on December 19, 2018. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.5500 C Supervised Living for Adults whose Primary Diagnosis is a Developmental Disability.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMPLE	DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER BOYD GROUP HOME 115 BOYD STREET EDEN, NC 27288 (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 December 19, 2018. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600 C Supervised Living for Adults whose Primary Diagnosis is a		A. BUII		A. BOILDING.	ILDING:			
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE