PRINTED: 01/23/2019 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1351 ASHCRAFT LANE CHARLOTTE, NC 28209 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint survey was completed on 1/16/19. The complaint was unsubstantiated (NC00146681). No deficiencies were cited.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
ASHCRAFT HOME CHARLOTTE, NC 28209 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint survey was completed on 1/16/19. The complaint was unsubstantiated		MHL060-403	B. WING		01	01/16/2019	
ASHCRAFT HOME CHARLOTTE, NC 28209 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint survey was completed on 1/16/19. The complaint was unsubstantiated	NAME OF PROVIDER OR SUPPLIER			E, ZIP CODE			
PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	ASHCRAFT HOME						
A complaint survey was completed on 1/16/19. The complaint was unsubstantiated	PREFIX (EACH DEFICIENC	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH CORRECTIVE ACTION SHOULD BE COMP CROSS-REFERENCED TO THE APPROPRIATE DATE		COMPLETE	
The complaint was unsubstantiated	V 000 INITIAL COMMENTS	V 000 INITIAL COMMENTS					
This facility is licensed for the following service category: 10A NCAC 27G .5800C Supervised living for Adults with Developmental Disabilities.	A complaint survey we The complaint was use (NC00146681). No complaint was used to the complaint	A complaint survey was completed on 1/16/19. The complaint was unsubstantiated (NC00146681). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised					

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

TITLE (X6) DATE