Division of Health Service Regulation

| NAME OF PROVIDER OR SUPPLIER LAKE BRANDT GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 6184 LAKE BRANDT ROAD GREENSBORO, NC 27455 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPI | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE COM | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---|---|--|------------------|-------------------------------|--|
| LAKE BRANDT GROUP HOME GREENSBORO, NC 27455 (X4) ID PREFIX TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual survey was completed on 2/8/19. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised | MHL041-617 | | | B. WING | | 02/ | 02/08/2019 | |
| PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual survey was completed on 2/8/19. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF THE APPROPRIATE DEFICIENCY) V 000 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | LAKE BRANDT GROUP HOME 6184 LAKE BRANDT ROAD | | | | | | | |
| An annual survey was completed on 2/8/19. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised | PREFIX | (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | PREFIX | (EACH CORRECTIVE ACTION SHOULD BE COMPLÉT CROSS-REFERENCED TO THE APPROPRIATE DATE | | COMPLETE | |
| | V 000 | An annual survey w deficiencies were c This facility is licens category: 10A NCA | vas completed on 2/8/19. No ited. sed for the following service C 27G .5600C Supervised | V 000 | DEFICIENCY) | | | |

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

TITLE (X6) DATE