PRINTED: 02/18/2019 FORM APPROVED

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 02/14/2019	
	MHL011-405				
RK HOMES RESIDEN			1		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO T	IVE ACTION SHOULD BE COMPLETE ED TO THE APPROPRIATE DATE	
0 INITIAL COMMENTS		V 000			
An annual survey was completed on 2/14/19. No deficiencies were cited.					
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	AK HOMES RESIDEN SUMMARY STA (EACH DEFICIENCY REGULATORY OR L INITIAL COMMENT An annual survey w deficiencies were c This facility is licens category: 10A NCA Living for Individual Groups/Alternative	ASK HOMES RESIDENTIAL CARE CON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INTIAL COMMENTS An annual survey was completed on 2/14/19. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.	ACK HOMES RESIDENTIAL CARE CEN 644 OLIVETTE ROAD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL) D PREFIX TAG INITIAL COMMENTS V 000 An annual survey was completed on 2/14/19. No deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living. Initial active for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.	RK HOMES RESIDENTIAL CARE CEN 644 OLIVETTE ROAD SHEVILLE, NC 28804 SUMMARY STATEMENT OF DEFECTEDED BY FULL (EACH DEFICIENCY MUST DE PRECEDED BY FULL (EACH DEFICIENCY MUST DE PRECEDED BY FULL (EACH DEFICIENCY MUST DE PRECEDED BY FULL (REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG PROVIDER'S PLAN OF (EACH DEFICIENCY TAG INITIAL COMMENTS V 000 An annual survey was completed on 2/14/19. No deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.	BACK HOMES RESIDENTIAL CARE CEN 644 OLIVETTE ROAD XIEVUILE, NC 28001 SUMMARY STATEMENT OF DEFICIENCY REGULATORY OR USC DENTIFYING INFORMATION ID PREFX TAG PROVIDERS PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR USC DENTIFYING INFORMATION) ID PREFX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) INITIAL COMMENTS V 000 An annual survey was completed on 2/14/19. No deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G, 5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living. V 000 Groups/Alternative Family Living. In the following service category: 10A ICAC 27G, 5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living. In the following service category: 10A ICAC 27G, 5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.