PRINTED: 02/20/2019 FORM APPROVED

Division of Health Service Regulation

NAME OF PROMIDER ON SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2211 ROGERS STREET  BURLINGTON, NC 27217    (24) ID PREFIX   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   PREFIX   PROMIDER SPLAN OF CORRECTION   PREFIX   PREFIX   PREFIX   PREFIX   PREFIX   PROMIDERS PLAN OF CORRECTION   PREFIX   PROMIDERS PLAN OF CORRECTION   PREFIX   PREFI	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
RESTORATIONS  2211 ROGERS STREET BURLINGTON, NC 27217  (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 February 19, 2019. There were no deficiencies cited.  This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental	MHL001-148		B. WING		02/	02/19/2019		
CX4) ID   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDER'S PLAN OF CORRECTION   (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   V 000   INITIAL COMMENTS   V 000   An annual survey was completed on February 19, 2019. There were no deficiencies cited.   This facility is licensed for the following service category: 10A NCAC 27G. 5600C   Supervised Living for Adults with Developmental   SUMMARY STATEMENT OF CORRECTION   (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE   CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE      V 000								
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE