Division of Health Service Regulation

MANNE OF PROVIDER OR SUPPLIER  THE PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1262 TOM BOWES ROAD  HURDLE MILLS, NC. 27541  [RAGUID CAN BOWES ROAD  PREFIX TAG  [REGULATORY OR LSC IDENTIFYING INFORMATION]  V 000  INITIAL COMMENTS  An annual survey was completed on February 27, 2019. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living/Alternative Family Living.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
CHAMPIONS  1262 TOM BOWES ROAD HURDLE MILLS, NC 27541  (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 27, 2019. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised	MHL073-046		B. WING		03/2	03/27/2019		
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	V 000	An annual survey w 2019. No deficienci This facility is licens category: 10A NCA	vas completed on February 27, es were cited. sed for the following service C 27G .5600F Supervised	V 000	DEFICIENCY)			

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

TITLE (X6) DATE