PRINTED: 03/09/2019 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2537 THOMASSON PLACE CIRCLE CHARLOTTE, NO. 28213 (P4) ID PREERX TAG V 000 INITIAL COMMENTS An annual survey was completed on March 5, 2019. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600F Alternative Family Living for Individuals with Developmental Disabilities.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) DATE SURVEY COMPLETED	
CARRITA FREEMAN HOME CHARLOTTE, NC 28213 CHARLOTTE, NC 28213 ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE DEFICIENCY) COMPLETE DATE DEFICIENCY) COMPLETE DATE DEFICIENCY CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DEFICIENCY CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DATE DATE DATE DATE DATE D	MHL060-720		MHL060-720	B. WING		03/	03/05/2019	
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE