PRINTED: 03/20/2019 FORM APPROVED

Division of Health Service Regulation

| OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X3) DATE SURVEY COMPLETED |
|---|---|--|--|--|
| | | A. BUILDING: _ | | R |
| | MHL0411021 | B. WING | | 03/20/2019 |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | |
| ANDREA DRIVE 101 ANDREA DRIVE JAMESTOWN, NC 27282 | | | | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE | |
| V 000 INITIAL COMMENTS | | V 000 | | |
| An annual and follow- 3/20/2019. No deficie This facility is license category: 10A NCAC | -up survey was completed encies were cited. d for the following service 27G .5600C Supervised | V 000 | | |
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| | SUMMARY ST (EACH DEFICIENC REGULATORY OR INITIAL COMMENTS An annual and follow 3/20/2019. No deficie This facility is license category: 10A NCAC | MHL0411021 ROVIDER OR SUPPLIER STREET AD 101 ANDR JAMESTO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | MHL0411021 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE 101 ANDREA DRIVE JAMESTOWN, NC 27282 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A. BUILDING: B. WING 101 ANDREA DRIVE JAMESTOWN, NC 27282 ID PREFIX TAG INITIAL COMMENTS V 000 An annual and follow-up survey was completed 3/20/2019. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised | MHL0411021 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 101 ANDREA DRIVE JAMESTOWN, NC 27282 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A. BUILDING: B. WING 102 PROVIDER'S ZIP CODE 103 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRE DEFICIENCY) INITIAL COMMENTS V 000 An annual and follow-up survey was completed 3/20/2019. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE TITLE