Division of Health Service Regulation

MALO32-317 NAME OF PROVIDER OR SUPPLIER JOHNSON'S HOUSE OF HOPE FAMILY CARE IS DESCRIPTIONES (PACH DEPICIENCY MUST BE PRECEDED BY FILL TAG) PREFIX (PACH DEPICIENCY MUST BE PRECEDED BY FILL TAG) V 000 INITIAL COMMENTS An annual and follow up survey was completed on March 22, 2019. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 276, 5600B Supervised Living for Minors with Developmental Disabilities.		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
JOHNSON'S HOUSE OF HOPE FAMILY CARE FOUR HAM, NC 27703 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual and follow up survey was completed on March 22, 2019. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600B Supervised	MHL032-317			B. WING 03					
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE