Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 210 SOUNDWARD LANE HERTFORD, NC 27944 (X4) ID PREFIX TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A Limited Follow Up Survey for a Type B was completed February 21, 2019. This was a limited	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	
NAME OF PROVIDER OR SUPPLIER TLC ON THE WATER 210 SOUNDWARD LANE HERTFORD, NC 27944 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A Limited Follow Up Survey for a Type B was completed February 21, 2019. This was a limited								
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completed February 21, 2019. This was a limited	V 000 INITIAL COMMENTS			V 000				
Supervised Living-Operations (V291) was reviewed for compliance. The following was brought back into compliance: 10A NCAC 27G.5603 Supervised-Living Operations (V291). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.5600 Supervised Living for Adults with Intellectual Developmental Disabilities.		A Limited Follow Up completed February follow up survey, or Supervised Living-Oreviewed for compli- brought back into c 27G.5603 Supervis No deficieincies we This facility is licens category: 10A NCA Living for Adults wit	o Survey for a Type B was y 21, 2019. This was a limited only 10A NCAC 27G.5603 Operations (V291) was iance. The following was ompliance: 10A NCAC ed-Living Operations (V291). re cited. sed for the following service C 27G .5600 Supervised					

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

TITLE (X6) DATE