PRINTED: 04/29/2019 FORM APPROVED

Division of Health Service Regulation

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		COMP	(X3) DATE SURVEY COMPLETED	
ON	IDENTIFICATION NOMBER.	A. BUILDING:				
	MHL041-666	B. WING			२ 25/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
OAKMONT HOME 2204 OAKMONT COURT GREENSBORO, NC 27407						
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
/ 000 INITIAL COMMENTS		V 000				
An Annual and Follow-Up Survey was completed on April 25, 2019. No deficiencies were cited.						
This facility is licensed for the following service category:						
ne for M						
	MMARY STA DEFICIENCY MOMMENT OMMENT I and Foll 5, 2019. y is licens	MHL041-666 SUPPLIER STREET AD 2204 OAK GREENSI MMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL ATORY OR LSC IDENTIFYING INFORMATION) OMMENTS I and Follow-Up Survey was completed 5, 2019. No deficiencies were cited. Ly is licensed for the following service NCAC 27G .5600B: Supervised Living me for Minors with Developmental	MHL041-666 SUPPLIER STREET ADDRESS, CITY, S 2204 OAKMONT COU GREENSBORO, NC 2 MMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL ATORY OR LSC IDENTIFYING INFORMATION) OMMENTS I and Follow-Up Survey was completed 5, 2019. No deficiencies were cited. Y 000 NCAC 27G .5600B: Supervised Living me for Minors with Developmental	MHL041-666 SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2204 OAKMONT COURT GREENSBORO, NC 27407 MMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL STORY OR LSC IDENTIFYING INFORMATION) OMMENTS V 000 I and Follow-Up Survey was completed 5, 2019. No deficiencies were cited. WCAC 27G .5600B: Supervised Living me for Minors with Developmental	MHL041-666 B. WING	

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

TITLE (X6) DATE