PRINTED: 05/09/2019 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  7612 NC HIGHWAY 49  MEBANE, NC 27302   (X4) ID  PREFIX  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  PREFIX  TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  STREET ADDRESS, CITY, STATE, ZIP CODE  7612 NC HIGHWAY 49  MEBANE, NC 27302  ID  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPONENT OF	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
APOGEE HOMES TWO  7612 NC HIGHWAY 49 MEBANE, NC 27302  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE  DA	MHL068-131		B. WING	B. WING		05/03/2019		
APOGEE HOMES TWO  MEBANE, NC 27302  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DATE  ON THE PROVIDER'S PLAN OF CORRECTION (X COMPANY OF LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DATE  ON THE PROVIDER'S PLAN OF CORRECTION (X COMPANY OF LSC IDENTIFYING INFORMATION)								
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DEFICIENCY)	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETE DATE	
V 000 INITIAL COMMENTS V 000	V 000	/ 000 INITIAL COMMENTS						
An annual and follow-up survey was completed on May 3, 2019. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G.5600A Supervised Living for Adults with Mental Illness.		An annual and follow on May 3, 2019. No This facility is license category: 10A NCAC	-up survey was completed deficiencies were cited.  d for the following service 27G .5600A Supervised					

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

(X6) DATE TITLE