Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 785 SANFORD AVENUE MOCKSVILLE, NC 27028 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH OF REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A annual survey was completed on 5/22/19. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilites.		ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMI	(X3) DATE SURVEY COMPLETED		
MILLING MANOR,INC-SANFORD HOUSE T85 SANFORD AVENUE MOCKSVILLE, NC 27028 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A annual survey was completed on 5/22/19. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised	MHL030-034			B. WING		05/2	05/22/2019		
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE