PRINTED: 06/11/2019 FORM APPROVED

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			3) DATE SURVEY COMPLETED	
ELIZABETH GROUP HOME  1015 ELIZABETH DRIVE DALLAS, NC 28034  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  1015 ELIZABETH DRIVE DALLAS, NC 28034  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  DATE	MHL036-068		B. WING		II .	1		
CX4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  DALLAS, NC 28034  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE COMPLE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)								
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  COMPLE DATE	I ELIZABETH GROUP HOME							
V 000 INITIAL COMMENTS V 000	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLETE DATE	
	V 000	00 INITIAL COMMENTS		V 000				
An annual and follow up survey was completed on June 11, 2019. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.		on June 11, 2019. No This facility is license category: 10A NCAC Living for Adults Who	d for the following service 27G .5600C Supervised se Primary Diagnosis is a					

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

(X6) DATE TITLE