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Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED
		MHL092-724	B. WING		05/08/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AI 10909 FA RALEIGH	E, ZIP CODE AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities.			
V 736	10A NCAC 27G .0303 EXTERIOR REQUIRE (c) Each facility and it maintained in a safe,	EMENTS	V 736		
	maintained in a safe a findings are: Observation on 5/7/19 of client 2's bedroom crack on the inside, lo	and interviews, the to assure the home was and attractive manner. The at approximately 3:40 PM revealed a "C" shaped over part of the bedroom			
	the door had been cra Client #2 reported he the crack. During an interview of Manager reported clie to his bedroom door be	n 5/7/19, client #2 reported acked for about 2 years. kicked the door and caused			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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A. BUILDING:	(X3) DATE SURVEY COMPLETED	
MHL092-724 B. WING 05/0	08/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
FANNY BROWN 10909 FANNY BROWN ROAD RALEIGH, NC 27603		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION 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 DEFICIENCY)	(X5) COMPLETE DATE	
V 736 Continued From page 1 V 736 Will be sent to the landlord to replace the door.		

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STATE FORM 6899 41T811 If continuation sheet 2 of 2