## PRINTED: 07/18/2019 FORM APPROVED

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 07/11/2019	
	MHL032-500				
OVIDER OR SUPPLIER	409 EBC	DDRESS, CITY, STATE			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE COMPLET THE APPROPRIATE DATE	
A complaint survey w 2019. The complaint #NC00153331). Ther This facility is license category: 10A NCAC	as completed on July 11, was unsubstantiated (intake re were no deficiencies cited. d for the following service 27G .5600A Supervised	V 000			
	CORRECTION DVIDER OR SUPPLIER TY HOUSE II-DURHAM SUMMARY ST (EACH DEFICIENC REGULATORY OR INITIAL COMMENTS A complaint survey w 2019. The complaint #NC00153331). Ther This facility is license category: 10A NCAC	CORRECTION       IDENTIFICATION NUMBER:         MHL032-500       MHL032-500         DVIDER OR SUPPLIER       STREET A         TY HOUSE II-DURHAM       409 EBC         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	IDENTIFICATION NUMBER:       A. BUILDING:         MHL032-500       B. WING         DVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE         Y HOUSE II-DURHAM       409 EBON ROAD DURHAM, NC 27713         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         INITIAL COMMENTS       V 000         A complaint survey was completed on July 11, 2019. The complaint was unsubstantiated (intake #NC00153331). There were no deficiencies cited.       V 000         This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised       V	IDENTIFICATION NUMBER:       A. BUILDING:         MHL032-500       B. WING         DVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         Y HOUSE II-DURHAM       409 EBON ROAD DURHAM, NC 27713         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN         INITIAL COMMENTS       V 000       V 000       DEFICIEN         A complaint survey was completed on July 11, 2019. The complaint was unsubstantiated (intake #NC00153331). There were no deficiencies cited.       V 000         This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised       V       000	IDENTIFICATION NUMBER:       A. BUILDING:       COMP         MHL032-500       B. WING       07         DVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       07         VHOUSE II-DURHAM       409 EBON ROAD DURHAM, NC 27713       PROVIDER'S PLAN OF CORRECTION (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)         INITIAL COMMENTS       V 000       V 00

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