PRINTED: 07/23/2019 FORM APPROVED

Division of Health Service Regulation

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _				
	MHL056-004	B. WING		I	R 19/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
HARRISON AVENUE GROUP HOME 734 HARRISON AVENUE FRANKLIN, NC 28734						
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE		
V 000 INITIAL COMMENTS		V 000				
An annual and follow on 7/19/19. No defici This facility is licensed category: 10A NCAC Living for Individuals	up survey was completed iencies were cited. d for the following service 27G .5600C Supervised of all Disability	V 000				
•	ROVIDER OR SUPPLIER NAVENUE GROUP HOM SUMMARY ST. (EACH DEFICIENC' REGULATORY OR I. INITIAL COMMENTS An annual and follow on 7/19/19. No defici This facility is licensed category: 10A NCAC Living for Individuals	MHL056-004 ROVIDER OR SUPPLIER N AVENUE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	MHL056-004 ROVIDER OR SUPPLIER NAVENUE GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A. BUILDING: B. WING 734 HARRISON AVENUE FRANKLIN, NC 28734 ID PREFIX TAG INITIAL COMMENTS V 000 An annual and follow up survey was completed on 7/19/19. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of all Disability	MHL056-004 MHL056-004 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 734 HARRISON AVENUE FRANKLIN, NC 28734 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A. BUILDING: DEPROVIDERS PROVIDERS PLAN OF OR PREFIX (EACH CORRECTIVE ACTIVE AC	MHL056-004 MHL056-004 B. WING B. WING O77/ ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 734 HARRISON AVENUE FRANKLIN, NC 28734 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A. BUILDING: B. WING O77/ PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 An annual and follow up survey was completed on 7/19/19. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of all Disability	

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

TITLE (X6) DATE