PRINTED: 07/30/2019 FORM APPROVED

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
|--|--|---|---------------|--|---|--|
| | | | | | R-C | |
| | | MHL041-617 | B. WING | | 07/18/2019 | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | |
| LAKE BRANDT GROUP HOME 6184 LAKE BRANDT ROAD GREENSBORO, NC 27455 | | | | | | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION | | | | |)N (X5) | |
| PRÉFIX TAG | (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | PREFIX TAG | | (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE | |
| {V 000} | {V 000} INITIAL COMMENTS | | {V 000} | | | |
| | A follow-up survey wa deficiencies were cite | as completed on 7/18/19. No d. | | | | |
| | This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilites. | | | | | |
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE