PRINTED: 08/23/2019 FORM APPROVED

Division of Health Service Regulation

MANL OF PROVIDER OR SUPPLIER A BUILDING: BY NAME OF PROVIDER OR SUPPLIER EASON COURT #2 124 GREGORY MANDO YOUNGSVILLE, NC 27596 DEACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFEX TAG V 000 INITIAL COMMENTS An annual and follow up survey was completed on August 23, 2019. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 124 GREGORY MANOR YOUNGSVILLE, NC 27596 [X4) ID PREFIX TAG PREFIX TAG INITIAL COMMENTS An annual and follow up survey was completed on August 23, 2019. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.5600A Supervised STREET ADDRESS, CITY, STATE, ZIP CODE 124 GREGORY MANOR YOUNGSVILLE, NC 27596 10 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 V 000 V 000 INITIAL COMMENTS AN annual and follow up survey was completed on August 23, 2019. No deficiencies were cited.	7.1.12 . 2.1.1		ISENTING TO THE STATE OF THE ST	A. BUILDING: _			
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE