Division of Health Service Regulation

TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  V 000 INITIAL COMMENTS  V 000	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  FISHER ROAD GROUP HOME  120 FISHER ROAD BREVARD, NC 28712  (X4) ID PREFIX TAG  V 000  INITIAL COMMENTS  STREET ADDRESS, CITY, STATE, ZIP CODE  120 FISHER ROAD BREVARD, NC 28712  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  V 000  INITIAL COMMENTS  V 000	MHI 088-021			00/	24/2019	
CX4) ID   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)   DATE				1 031	<u> </u>	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000 INITIAL COMMENTS  PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLET CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)	FISHER ROAD GROUP HOME					
	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	COMPLETE	
An annual and follow up survey was completed	V 000 INITIAL COMMENTS	V 000				
on 9/24/19. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	An annual and follow up survey was completed on 9/24/19. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised					

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

TITLE (X6) DATE