STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-299	A. BUILDING: _____ B. WING _____	R 10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILKINS HOME	1517 PARKS VILLAGE ROAD ZEBULON, NC 27597

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow-up survey was completed on October 10, 2019. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living for Adults with Developmental Disabilities. Note: The Licensee reported she would be closing the facility at the end of December, 2019. She is in process of finding placements for the 2 clients in the home, one of whom is her sister. She will notify the Division of Health Services Regulation when dates and placements are finalized.	V 000		