PRINTED: 12/11/2019 FORM APPROVED

Division of Health Service Regulation

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS An annual and follow up survey was completed on 12/6/19. No deficiencies were cited.	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10 HOLLY RIDGE DRIVE ASHEVILLE, NC 28803 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual and follow up survey was completed on 12/6/19. No deficiencies were cited.		MHL011-274	B. WING				
TENDER LOVING CARE HOMES, INC ASHEVILLE, NC 28803 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual and follow up survey was completed on 12/6/19. No deficiencies were cited.							
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on 12/6/19. No deficiencies were cited.	V 000 INITIAL COMME	V 000					
This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.	An annual and fo on 12/6/19. No d This facility is lice category: 10A No Living for Individu	i annual and follow up survey was completed 12/6/19. No deficiencies were cited. is facility is licensed for the following service tegory: 10A NCAC 27G .5600F Supervised ving for Individuals of all Disability					

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

(X6) DATE TITLE