PRINTED: 12/12/2019 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4933 FARM POND LANE CHARLOTTE, NC 28212 (XA) ID PREPIX (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAG.) PREPIX TAG. V 000 INITIAL COMMENTS A complaint survey was completed on 11/27/19. The complaint turvey was completed on 11/27/19. The complaint was substantiated (Intake #NC 157809). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			X3) DATE SURVEY COMPLETED	
FARM POND GROUP HOME CHARLOTTE, NC 28212 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint survey was completed on 11/27/19. The complaint was substantiated (Intake #NC 157809). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised			MHL0601313	B. WING		11/	27/2019	
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE