PRINTED: 12/18/2019 FORM APPROVED

Division of Health Service Regulation

MHL012-141  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  4840 JENKINS ROAD  MORGANTON, NC 28655    CAH ID   PROVIDER'S PLAN OF CORRECTION   CRACK DEPICIENCY MUST BE PRECEDED BY FULL TAG    YOU   INITIAL COMMENTS   VO00    V 000   INITIAL COMMENTS   V 000    V 000	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
SALEM ALTERNATIVE FAMILY LIVING  ### A840 JENKINS ROAD MORGANTON, NC 28655    (X4) ID   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   CROSS-REFERENCED TO THE APPROPRIATE DATE    V 000   INITIAL COMMENTS   V 000	MHL012-141			B. WING			/13/2019	
SALEM ALTERNATIVE FAMILY LIVING   MORGANTON, NC 28655								
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  An annual survey was completed on December 13, 2019. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised  PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE  OOMPLETE DATE  V 000  FREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE  OOMPLETE DATE	SALEM A	LTERNATIVE FAMILY LIV	/ING					
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		An annual survey was 13, 2019. No deficien This facility is license category: 10A NCAC	s completed on December cies were cited.  d for the following service 27G .5600F Supervised					

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

(X6) DATE TITLE