Division of Health Service Regulation

MHL092-582  NAME OF PROVIDER OR SUPPLIER  VARSITY CREST #3  STREET ADDRESS, CITY, STATE, ZIP CODE  1503 CREST ROAD APT. 103  RALEIGH, NC 27606  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL092-582			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COM	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1503 CREST ROAD APT. 103  RALEIGH, NC 27606   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (V 000) INITIAL COMMENTS  A follow up survey was completed on February 13, 2020. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised								
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE