Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER RSI - EPHESUS CHURCH ROAD (CHAPEL HILL, NC 27517) [MAI) ID SUMMARY STATEMENT OF DEFICIENCIES IN THAT OF CONTRECTION PREFIX AND FOUNDATION OF THAT OF THE PROFIDENCY MINES (EPHESUS CHURCH ROAD CHAPEL HILL, NC 27517) [MAI) ID PREFIX (ERACH DEPICIONCY MINES (EPHESUS CHURCH) AND PREFIX AND FOUNDATION) PREFIX (ERACH DEPICE PROFICE PROFICE PROFICE PROFICE PROFIDED TO THE APPROPRIATE DATE OF THE APPROPRIATE DA	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED		
RSI - EPHESUS CHURCH ROAD CHAPEL HILL, NC 27517 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A desk review complaint survey was completed on June 11, 2020. The complaint was unsubstantiated (intake #NC00164711. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised	MHL068-135			B. WING				
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS V 000 A desk review complaint survey was completed on June 11, 2020. The complaint was unsubstantiated (intake #NC00164711. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE V 000 INITIAL COMMENTS V 000	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1508 EPHESUS CHURCH ROAD 1508 EPHESUS CHURCH ROAD							
A desk review complaint survey was completed on June 11, 2020. The complaint was unsubstantiated (intake #NC00164711. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised	PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD BE COM CROSS-REFERENCED TO THE APPROPRIATE D			
	V 000	A desk review compon June 11, 2020. Tunsubstantiated (indeficiencies were controlled to the facility is licensicategory: 10A NCA	plaint survey was completed The complaint was take #NC00164711. No ited. sed for the following service C 27G .5600C Supervised	V 000		• ,		

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

TITLE (X6) DATE