Division of Health Service Regulation

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	STATEMENT OF DEFICIENCIES (X1) F AND PLAN OF CORRECTION	DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY) TAG (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
LIVING WITH AUTISM 2 7401 DENLEE ROAD RALEIGH, NC 27606 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DAT DAT	NAME OF DROVIDER OR SLIDDLIER	07/31/2020		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (ACT TAG TAG TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE TAG TO THE APPROPRIATE DEFICIENCY)	LIVING WITH ALITISM 2 7401 DENLEE ROAD			
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DAT				
V 000 INITIAL COMMENTS V 000	PRÉFIX (EACH DEFICIENCY MUST	COMPLETE DATE		
	V 000 INITIAL COMMENTS			
A complaint survey was completed on 7/31/20. The complaint was unsubstantiated Intake #NC00165970. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability	A complaint survey was of the complaint was unsulfunction #NC00165970. No deficient this facility is licensed for category: 10A NCAC 270			

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

TITLE (X6) DATE