PRINTED: 08/11/2020 FORM APPROVED

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATI COM	(X3) DATE SURVEY COMPLETED	
	MHL024-011			08/	08/11/2020	
PROVIDER OR SUPPLIER						
LLE GROUP HOME						
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	ON SHOULD BE COMPLET TE APPROPRIATE DATE		
INITIAL COMMENT	rs	V 000				
2020. The complain #NC00167976). No This facility is licens categories: 10A NC Respite Services fo Groups and 10 A N	nt was unsubstantiated (intake o deficiencies were cited. sed for the following service AC 27G .5100 Community or Individuals of All Disability CAC 27G .5600 Supervised					
	OF CORRECTION PROVIDER OR SUPPLIER LLE GROUP HOME SUMMARY STA (EACH DEFICIENCY REGULATORY OR L INITIAL COMMENT A complaint survey 2020. The complaint #NC00167976). No This facility is licens categories: 10A NC Respite Services for Groups and 10 A N	OF CORRECTION IDENTIFICATION NUMBER: MHL024-011 PROVIDER OR SUPPLIER STREET A ILLE GROUP HOME 168 SWE WHITEV SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint survey was completed on August 11,	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL024-011 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LLE GROUP HOME 168 SWEET FARM ROAD WHITEVILLE, NC 28472 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE INITIAL COMMENTS V 000 V 000 A complaint survey was completed on August 11, 2020. The complaint was unsubstantiated (intake #NC00167976). No deficiencies were cited. V 000 This facility is licensed for the following service categories: 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups and 10 A NCAC 27G .5600 Supervised I	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COM MHL024-011 B. WING 08/ PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LLE GROUP HOME 168 SWEET FARM ROAD WHITEVILLE, NC 28472 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) INITIAL COMMENTS V 000 A complaint survey was completed on August 11, 2020. The complaint was unsubstantiated (intake #NC00167976). No deficiencies were cited. V 000 This facility is licensed for the following service categories: 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups and 10 A NCAC 27G .5600 Supervised I	