PRINTED: 09/22/2020 FORM APPROVED

Division of Health Service Regulation

PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: (X3			3) DATE SURVEY COMPLETED	
LIFE ENHANCEMENT OPPORTUNITIES  660 SINA AVENUE WINSTON SALEM, NC 27127  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (X5) PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY)  DATE  ON THE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	MHL034-358			B. WING		09/22	09/22/2020	
LIFE ENHANCEMENT OPPORTUNITIES  WINSTON SALEM, NC 27127  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  WINSTON SALEM, NC 27127  ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)								
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	LIFE ENHANCEMENT OPPORTUNITIES							
V 000 INITIAL COMMENTS V 000	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE COMPLETE		
THE SOMMETTO	V 000	/ 000 INITIAL COMMENTS						
A complaint survey was completed on September 22, 2020. The complaint (Intake #NC00169218) was unsubstantiated. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G. 5600F: Supervised Living / Alternative Family Living .		(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  A complaint survey was completed on September 22, 2020. The complaint (Intake #NC00169218) was unsubstantiated. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F: Supervised						

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

(X6) DATE TITLE