Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3848 CHERRY GROVE ROAD ELON, NC 27244 [XA] ID [CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint (intake # NC00169603) was unsubstantiated. No deficiences were cited. This facilty is licensed for the following service category: 10A NCAC 27G, 5600A Supervised Living for Adults with Mental Illness.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
FAITHFUL COMPANION GROUP HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCES TAGE) PREFIX TAG ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint survey was completed on 9/25/20. The complaint (intake # NC00169603) was unsubstantiated. No deficiences were cited. This facilty is licensed for the following service category: 10A NCAC 27G. 5600A Supervised	MHL017-027			B. WING	B. WING			
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE