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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  START HOMES, INC  STREET ADDRESS, CITY, STATE, ZIP CODE  START HOMES, INC  SUMMARY STATEMENT OF DEFICIENCIES CHARLOTTE, NC 28214  (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  V 000  INITIAL COMMENTS  A limited follow up survey, only 10A NCAC 27G. 5602 Staff (V290) and 10A NCAC 27G. 5603 Operations (V291) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G. 5602 Staff (V290) and 10A NCAC 27G. 5602 Operations (V291) were reviewed for compliance: 10A NCAC 27G. 5603 Operations (V291). No deficiencies were cited.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  CHARLOTTE, NC 28214   (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  ON PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000 INITIAL COMMENTS  V 000  A limited follow up survey for the Type B rule violation was completed 9-24-20. This was a limited follow up survey, only 10A NCAC 27G. 5602 Staff (V290) and 10A NCAC 27G. 5603 Operations (V291) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G. 5602 Staff (V290) and 10A NCAC 27G. 5603 Operations (V291). No							R	
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This facility is licensed for the following service category: 10A NCAC 27 G 5600 Supervised Living For Adults Whose Primary Diagnosis is a Developmental Disability.		violation was complet limited follow up surve 5602 Staff (V290) and Operations (V291) we The following were br 10A NCAC 27G. 5603 NCAC 27G. 5603 Op deficiencies were cite This facility is licensed category: 10A NCAC Living For Adults Who	ed 9-24-20. This was a sey, only 10A NCAC 27G. dd 10A NCAC 27G. 5603 sere reviewed for compliance. rought back into compliance: 2 Staff (V290) and 10A serations (V291). No dd. dfor the following service 27 G 5600 Supervised ose Primary Diagnosis is a					

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

(X6) DATE TITLE