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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  MELODY HOUSE#1, LLC  STREET ADDRESS, CITY, STATE, ZIP CODE  3116 CEDARWOOD DRIVE DURHAM, NC 27707  (A)(1) D PREFIX TAG  NOTE: TAG  NOTE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
MELODY HOUSE#1, LLC    X4) ID   SUMMARY STATEMENT OF DEFICIENCIES   DID   PROVIDER'S PLAN OF CORRECTION   (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   (EACH CORRECTIVE ACTION SHOULD BE DATE   DATE   DATE      V 000   INITIAL COMMENTS   V 000   A complaint survey was completed on February 9, 2021. The complaint was unsubstantiated (intake #NC00172667). No deficiencies were cited.   This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised   SUMMARY STATEMENT   SUMMARY STATEMENT   SUMMARY STATEMENT   CACHE CORRECTIVE ACTION SHOULD BE COMPLETE DATE   DAT	MHL032-498		B. WING					
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE