Division of Health Service Regulation

MALEOF PROVIDER OR SUPPLIER RES SUPPORT SVCS OF WAKE CO-MILLEROY RES CLAUTORY OF USE (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAGE) V 000 INITIAL COMMENTS A Complaint Survey was completed on 03/01/21. The complaint was unsubstantiated (NC# 00173105). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5500C Supervised Living for Adults with Developmental Disabilities.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER RES SUPPORT SVCS OF WAKE CO-MILLBRO((X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A Complaint Survey was completed on 03/01/21. The complaint was unsubstantiated (NC# 00173105). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised								
RES SUPPORT SVCS OF WAKE CO-MILLBRO(X4) ID PREFIX TAG X40 ID PREFIX TAG X41 ID PREFIX TAG X41 ID PREFIX TAG X42 ID PREFIX TAG X43 ID PREFIX TAG X44 ID PREFIX TAG X44 ID PREFIX TAG X44 ID PREFIX TAG X45 ID PREFIX TAG X45 ID PREFIX TAG X46 ID PREFIX TAG X46 ID PREFIX TAG X46 ID PREFIX TAG X47 ID PREFIX TAG X47 ID PREFIX TAG X47 ID PREFIX TAG X48 ID PREFIX TAG X49 ID PROVIDER'S PLAN OF CORRECTION X45 ID PREFIX TAG X46 ID PROVIDER'S PLAN OF CORRECTION X45 ID PREFIX TAG X46 ID PREFIX TAG X47 ID PREFIX TAG X47 ID PREFIX TAG X48 ID PREFIX TAG X49 ID PROVIDER'S PLAN OF CORRECTION X45 ID PREFIX TAG X49 ID PROVIDER'S PLAN OF CORRECTION X45 ID PREFIX TAG X46 ID PREFIX TAG X46 ID PREFIX TAG X46 ID PREFIX TAG X47 ID PREFIX TAG X46 ID PREFIX TAG X47 ID PREFIX TAG X48 ID PROVIDER'S PLAN OF CORRECTION X48 ID PROVIDER'S PLAN OF CORRECTION X49 ID PROVIDER'S PLAN OF CORRECTION X49 ID PREFIX TAG X49 ID PREFIX TAG X40 ID PROVIDER'S PLAN OF CORRECTION X40 ID PREFIX TAG X40 ID PROVIDER'S PLAN OF CORRECTION X40 ID PREFIX TAG X40 ID PROVIDER'S PLAN OF CORRECTION X40 ID PREFIX TAG X40 ID PREFIX TAG X40 ID PROVIDER'S PLAN OF CORRECTION X40 ID PREFIX TAG X40 ID PREFIX TAG X40 ID PROVIDER'S PLAN OF CORRECTION X40 ID PROVIDER'S PLAN OF CORREC					00/01/2021			
(X4) ID PREFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG NO 000 INITIAL COMMENTS A Complaint Survey was completed on 03/01/21. The complaint was unsubstantiated (NC# 00173105). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised ID PREVIDENCE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOUL								
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A Complaint Survey was completed on 03/01/21. The complaint was unsubstantiated (NC# 00173105). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised	I RES SUDDORT SVOS DE WAKE CO-MILIBROC							
A Complaint Survey was completed on 03/01/21. The complaint was unsubstantiated (NC# 00173105). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOOD CROSS-REFERENCED TO THE APP	OULD BE	COMPLETE	
The complaint was unsubstantiated (NC# 00173105). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised	V 000 INITIAL COMMENTS			V 000				
	V 000	A Complaint Survey The complaint was 00173105). No defi This facility is licens category: 10A NCA	y was completed on 03/01/21. unsubstantiated (NC# iciencies were cited. sed for the following service C 27G .5600C Supervised	V 000				

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

TITLE (X6) DATE