Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER LANIER HOME STREET ADDRESS, CITY, STATE, ZIP CODE 1428 CARTHAGE STREET SANFORD, NC 27330 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE DATE DATE) V 000 INITIAL COMMENTS V 000 INITIAL COMMENTS V 000 C 03/04/2021 STREET ADDRESS, CITY, STATE, ZIP CODE 1428 CARTHAGE STREET SANFORD, NC 27330 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE DATE) COMPLETE COMPLETE DATE V 000 INITIAL COMMENTS	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1428 CARTHAGE STREET SANFORD, NC 27330 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS V 000 INITIAL COMMENTS STREET ADDRESS, CITY, STATE, ZIP CODE (EACH CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF COMPLETE OF CROSS-REFERENCED TO THE APPROPRIATE DATE							
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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS SANFORD, NC 27330 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE	NAME OF PROVIDER OR SUPPLIER						
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTE ACTION SHOULD BE COMPLÉTE DATE V 000 INITIAL COMMENTS V 000							
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	V 000 INITIAL COMMENTS		V 000				
A complaint survey was completed on March 4, 2021. The complaint was substantiated (intake #NC00174880). No deficiencies were cited. This facility is licensed for the following service category: 10A 27G .5600C Supervised Living for Adults with Developmental Disabilities.	A complaint survey 2021. The complain #NC00174880). No This facility is licent category: 10A 27G	was completed on March 4, nt was substantiated (intake of deficiencies were cited. sed for the following service .5600C Supervised Living for	V 000				

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

TITLE (X6) DATE