Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  CAMERON DRIVE FAMILY CARE FACILITY  SUMMARY STATEMENT OF DEFICIENCIES  (FACH DEFICIENCY MIST BE PRECEDED BY FULL TAG  VO00  INITIAL COMMENTS  An annual and complaint survey was completed on April 13, 2021. The complaint was unsubstantiated (intake #NC00176016.) No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ER/CLIA JMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
CAMERON DRIVE FAMILY CARE FACILITY  2608 CAMERON DRIVE SANFORD, NC 27332  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  An annual and complaint survey was completed on April 13, 2021. The complaint was unsubstantiated (intake #NC00176016.) No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised	MHL053-083			B. WING		04/	13/2021		
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE