Division of Health Service Regulation

MALGOS-229    NAME OF PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE   415 WALNUT STREET   WILDING STONE   WILDI		STATEMENT OF DEFICIENCIES (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  416 WALNUT STREET  WILMINGTON, NC 28401   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG)  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000 INITIAL COMMENTS  A limited follow up survey for the Type B rule violation was completed on July 16, 2021. This was a limited follow up survey, only 10A NCAC 27G .0303 Location and Exterior Requirements (V738) was reviewed for compliance. The following was brought back into compliance: 10A NCAC 27G .0303 Location and Exterior Requirements (V738). No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600E, Supervised Living for Adults with Substance Abuse								
PORT HEALTH SERVICES - STEPPING STONE  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000 INITIAL COMMENTS  A limited follow up survey for the Type B rule violation was completed on July 16, 2021. This was a limited follow up survey, only 10A NCAC 27G .0303 Location and Exterior Requirements (V738) was reviewed for compliance. The following was brought back into compliance: 10A NCAC 27G .0303 Location and Exterior Requirements (V738). No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600E, Supervised Living for Adults with Substance Abuse			MHL065-229	B. WING		07/	16/2021	
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE