| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL041-613 | A. BUILDING: _____ B. WING _____ | R 10/20/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| M & S SUPERVISED LIVING, LLC | 7311-A FRIENDSHIP CHURCH ROAD BROWNS SUMMIT, NC 27214 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| V 000 | INITIAL COMMENTS<br><br>An Annual and Follow-Up Survey was completed on October 20, 2021. No deficiencies were cited.<br><br>This facility is licensed for the following service category:<br><br>- 10A NCAC 27G .5600C: Supervised Living for Adults with Developmental Disabilities | V 000 | | |