PRINTED: 12/08/2021 FORM APPROVED

Division of Health Service Regulation

| NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  838 JOYCE STREET  ASHEBORO, NC 27203    (A) IID   PREFIX   (RACH DEPICIENCY)   (RACH DEPICIENCY)   | STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |   |            | (X3) DATE SURVEY<br>COMPLETED |  |
|---|---|---|---|---|---|------------|-------------------------------|--|
| HOPE HOUSE  REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  A complaint and follow up survey was completed on November 30, 2021. The complaints were unsubstantiated (intake # NC00181946 and NC001181887.) No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  BID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  OV 000  V 000  V 000  V 000  V 000  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  The survey sample consisted of audits of three current clients, no former clients, no deceased | MHL076-046  |   | B. WING   |   | 11  | 11/30/2021 |                               |  |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  A complaint and follow up survey was completed on November 30, 2021. The complaints were unsubstantiated (intake # NC00181946 and NC001181887.) No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  The survey sample consisted of audits of three current clients, no former clients, no deceased   |   |   |   |   |   |            |                               |  |
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE