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Division of Health Service Regulation

MHL005019  MHL005019  STREET ADDRESS, CITY, STATE, 2IP CODE  120 ASHE STREET  120 ASHE STRE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(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  120 ASHE STREET  JEFFERSON, NC 28640  PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAGS  PREFIX TAG  INITIAL COMMENTS  A limited follow up survey for two Type B's was completed on 1/19/22. This was a limited follow up survey, only 10A NCAC 27G.0209 (c) Medication Requirements (V118) with cross reference 10A NCAC 27G.0209 (c) Medication Requirements (V123) and 10A NCAC 27G.5602 Staff (V290) were reviewed for compliance: 10A NCAC 27G.0209 (c) Medication Requirements (V118) with cross reference 10A NCAC 27G.5602 Staff (V290) were reviewed for compliance: 10A NCAC 27G.0209 (c) Medication Requirements (V118) with cross reference 10A NCAC 27G.5602 Staff (V290) were reviewed for compliance: 10A NCAC 27G.0209 (c) Medication Requirements (V118) with cross reference 10A NCAC 27G.76.5602 Staff (V290). No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G.5600C Supervised Living for Adults with Developmental Disability. The survey sample consisted of audits of 3				A. BOILDING.		R	
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SUMMIT SUPPORT SERVICES OF ASHE-LIGHTHOUS   JEFFERSON, NC 28640     (X4) ID   PREFIX TAGE   SUMMARY STATEMENT OF DEFICIENCIES   PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE     V 000	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
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Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE