Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2482 ADAMS FARM COURT SNOW CAMP, NC 27349 [X4) ID RECEIVE (EACH DESCRICENCY MIST SEE PRECEDED BY FULL TAG (EACH DESCRICENCY) MIST SEE PRECEDED BY FULL TAG (EACH DESCRICENCY) MIST SEE PRECEDED BY FULL TAG (EACH DESCRICENCY) V 000 INITIAL COMMENTS V 000 INITIAL COMMENTS An annual survey was completed on March 10, 2022. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living for Alternative Family Living. The survey sample consisted of audits of 1 current citent.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
CURRY'S HAVEN 2482 ADAMS FARM COURT SNOW CAMP, NC 27349 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual survey was completed on March 10, 2022. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. The survey sample consisted of audits of 1	MHL001-119		B. WING		03/	03/10/2022		
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE