STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE COM	(X3) DATE SURVEY COMPLETED	
					С		
	MHL092-619					05/17/2022	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
EARNIN	IG SERVICES-RIVER	RIDGE	BBINS DRIVE H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	ON SHOULD BE COMPLET HE APPROPRIATE DATE	
V 000	INITIAL COMMENTS		V 000				
	A complaint survey was completed on 5/17/22. The complaint was unsubstantiated Intake #NC00187861. No deficiencies were cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .2100 Specialized Community Residential Centers for Individuals with Developmental Disabilities						
	The survey sample current client.	consisted of an audit of 1					