Division of Health Service Regulation

MHL092-985  B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  TOMMIE'S PLACE  STREET ADDRESS, CITY, STATE, ZIP CODE  FALEIGH, NC 27610								
TOMMIE'S PLACE 5213 PRONGHORN LANE RALEIGH, NC 27610	MHL092-985		B. WING		05/0	05/05/2022		
TOMMIE'S PLACE  RALEIGH, NC 27610	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	I TOMMIE'S DI ACE							
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOULD BE COMPLÉT DATE		COMPLETE	
V 000 INITIAL COMMENTS V 000	V 000	V 000 INITIAL COMMENTS						
An annual and complaint survey was completed on 5/5/22. The complaints were unsubstantiated (intake# NC00187513, NC00187402, and NC00187371). No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients, 1 deceased clients.		An annual and com on 5/5/22. The com (intake# NC001875 NC00187371). No of the facility is licens category: 10A NCA Living for Adults with This facility is licens census of 2. The signal of the facility is licens of 2. The signal of the facility is licens of 2. The signal of the facility is licens of 2. The signal of the facility is licens of 2. The signal of the facility is licens of 2. The signal of the facility is licens of 2. The signal of the facility is licens of the facility	aplaint survey was completed aplaints were unsubstantiated 513, NC00187402, and deficiencies were cited.  sed for the following service aC 27G .5600C Supervised th Developmental Disability.  sed for 3 and currently has a survey sample consisted of	V UUU				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE