Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  130 TORRINGTON AVENUE FRANKLINTON, NC 27525  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLI	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	
CASSIE'S PLACE  130 TORRINGTON AVENUE FRANKLINTON, NC 27525  [X4) ID PREFIX TAG  [EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  An annual survey was completed on 8/15/22. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.  This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of	MHL035-074		MHL035-074	B. WING		08/15/2022		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE