PRINTED: 11/10/2022 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 339 ABBID STREET LEXINGTON, NC 27292 (A4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual survey was attempted on 10/21/2022. According to the AFL Provider, there are no clients being served at the facility. The last time clients were served at the facility was 12/10/2021. This facility is licensed for the following service category: 10A NCAC 27G, 55000F Supervised Living for Alternative Family Living. Interview on 10/21/2022 with the Alternative Family Living. No review of the deceased client's record was completed as it had been reviewed at the last attempted annual survey on 6/14/2022.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HUNT HOME Complete Complete			MHL029-147	B. WING		10/21/2022	
CX4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE V 000 INITIAL COMMENTS V 000 An annual survey was attempted on 10/21/2022. According to the AFL Provider, there are no clients being served at the facility. The last time clients were served at the facility was 12/10/2021. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. Interview on 10/21/2022 with the Alternative Family Living Provider revealed:	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

TITLE (X6) DATE