PRINTED: 11/14/2022 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 106 SOUTH FRANKLIN STREET CHINA GROVE, NC 28023 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) R 11/04/2022 STREET ADDRESS, CITY, STATE, ZIP CODE 106 SOUTH FRANKLIN STREET CHINA GROVE, NC 28023 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE: ONLY COMP DATE: ONLY CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CABARRUS COUNTY GROUP HOME 5 CHINA GROVE, NC 28023 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 106 SOUTH FRANKLIN STREET CHINA GROVE, NC 28023 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE OF THE PROVIDER OF STATE ADDRESS, CITY, STATE, ZIP CODE 107 CHINA GROVE, NC 28023			R		
CABARRUS COUNTY GROUP HOME 5 CHINA GROVE, NC 28023 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPONENT OF CORRECTION SHOULD BE COMPONENT OF CORRECTIVE ACTION SHOULD BE DEFICIENCY) DATE: The component of the properties	80-164 B. WING	MHL080-164	11/04/2022		
CHINA GROVE, NC 28023 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CHINA GROVE, NC 28023 CHINA GROVE, NC 28023 ID PROVIDER'S PLAN OF CORRECTION (X5 (EACH CORRECTIVE ACTION SHOULD BE COMP.) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE: The control of the contr	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X6 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPONENT TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	CABARRUS COUNTY GROUP HOME 5				
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			DRRECTION (X5)	-	
{V 000} INITIAL COMMENTS {V 000}	CEDED BY FULL PREFIX (EACH CORRECTIVE ACT G INFORMATION) TAG CROSS-REFERENCED TO	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL	N SHOULD BE COMPLETE DATE	Ē	
	{V 000}	000) INITIAL COMMENTS			
A follow up and limited follow up survey was completed on 11/4/22. Only 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) was reviewed for compliance with the limited follow up. The following were brought back into compliance: 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 5 current clients.	e, Neglect or for compliance wing were A NCAC 27D e, Neglect or es were cited. wing service Supervised tal Disabilities urrently has a	completed on 11/4/22. Only 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) was reviewed for compliance with the limited follow up. The following were brought back into compliance: 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE TITLE