STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL035-029	A. BUILDING: _____ B. WING _____	R-C 11/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASON COURT	113 EASON COURT YOUNGSVILLE, NC 27596

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint and limited follow up survey for the Type A2 survey was completed on 11/28/22. The complaint was unsubstantiated (Intake # 00194954). This was a limited follow up survey, only 10A NCAC 27G .0303 Facility Grounds and Maintenance was reviewed for compliance. The following was brought back into compliance 10A NCAC 27G .0303 Facility Grounds and Maintenance. 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 five clients has a current census of five. The survey sample consisted of audits of three current clients.	V 000		