PRINTED: 12/05/2022 FORM APPROVED

Division of Health Service Regulation

MHL068-099 B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER RSI-HAMILTON ROAD (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A limited follow up survey for the Type A1 was completed on November 28, 2022. This was a limited follow up survey only, 10A NCAC 27G .0205 Assessment/Treatment/Habilitation Plan (Tag 112) and 10A NCAC 27G .0205 Assessment/Treatment/Habilitation Plan (Tag 112) and 10A NCAC 27G .0205 Medication Requirements (Tag 118). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The facility is licensed for four beds and currently has a census of three. The survey sample consisted of audits of 2 current clients and 1			WITH USS USS					
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE