PRINTED: 12/28/2022 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  SITEET ADDRESS, CITY, STATE, JP CODE  215 OLD SALISBURY ROAD  WINSTON-SALEM, NO. 27127  SUMMARY STATEMENT OF DEPTICIENCES PRETER  IF ADDRESS OF THE STATEMENT OF DEPTICIENCES OWNER  IF ADDRESS OF THE STATEMENT OF THE STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2415 OLD SALISBURY ROAD WINSTON-SALEM, NC 27127   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY)  V 000  INITIAL COMMENTS  A limited follow up survey for the Type A1 was completed on 12/21/22. This was a limited follow up survey, only 10A NCAC 27G .0303 Location and Exterior Requirements (V736) was reviewed for compliance. The following was brought back into compliance: 10A NCAC 27G .0303 Location and Exterior Requirements (V736). 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 3 and currently has a census of 3. The survey sample consisted of						R	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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