Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  GREEN VALLEY HAVEN  STREET ADDRESS, CITY, STATE, ZIP CODE  2528 ANDRESON ROAD BURLINGTON, NC 27217  (C)4) ID PREFIX (EACH DEPICIENCE PROFILE) PREFIX (EACH DEPICIENCE PROFILE) PROVIDERS PLAN OF CORRECTION PROFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000 INITIAL COMMENTS  An annual and complaint survey was completed on January 5, 2023. The complaint was unsubstantiated (Intake #NC00194470). No deficiencies were cited.  This facility is licensed for six bed and currently has a census of five. The survey sample consisted of audits of 3 current clients.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
CX4) ID   PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   OUD   OUT OF THE APPROPRIATE DEFICIENCY   OUT OUT OF THE APPROPRIATE DEFICIENCY   OUT	MHL001-220		B. WING		01/05/2023			
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  An annual and complaint survey was completed on January 5, 2023. The complaint was unsubstantiated (Intake #NC00194470). No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.  This facility is licensed for six bed and currently has a census of five. The survey sample	GREEN VALLEY HAVEN 2528 ANDERSON ROAD							
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE