Division of Health Service Regulation

NAME OF PROVIDER OR SUPPUER  TADKIN HOME PLACE ONE  160 RIVER ROAD BOONVILLE, NC 27011  PREETX TAG  VO00 INITIAL COMMENTS  A complaint survey was completed on February 9, 2023. The complaint was unsubstantiated (intake #NC 00196762). No deficiencies were cited.  This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 4 current clients.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  YADKIN HOME PLACE ONE  160 RIVER ROAD BOONVILLE, NC 27011    (X4) ID PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE    V 000   INITIAL COMMENTS   V 000	MHL099-027		B. WING					
XADKIN HOME PLACE ONE   BOONVILLE, NC 27011								
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	I VANKIN HOME DI ACE ONE							
A complaint survey was completed on February 9, 2023. The complaint was unsubstantiated (intake #NC 00196762). 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 6 and currently has a census of 4. The survey sample consisted of	PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE	
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE