Division of Health Service Regulation

MHL084-041 STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER EAST MAIN STREET GROUP HOME 610 EAST MAIN STREET ALBEMARLE, NC 28001 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE 610 EAST MAIN STREET ALBEMARLE, NC 28001 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE CROSS-REFERENCED TO THE APPROPRIATE DATE	MHL084-041		B. WING				
ALBEMARLE, NC 28001 (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) ALBEMARLE, NC 28001 ALBEMARLE, NC 28001 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE) COMPLETE DATE ALBEMARLE, NC 28001							
(X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	I FASTMAIN STREET GROUP HOME						
V 000 INITIAL COMMENTS V 000	PREFIX (EACH DEFICIENC)	MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	ILD BE	COMPLETE	
	V 000 INITIAL COMMENTS		V 000				
An annual, complaint and follow up survey was completed on May 30, 2023. The complaints were substantiated (Intake #NC00201269, #NC00201341 and #NC00201579). 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 six beds and currently has a census of five. The survey sample consisted of 2 current clients and 1 former client.	An annual, complaid completed on May were substantiated #NC00201341 and deficiencies were completed. This facility is licensisting for Adults with This facility is licensisting for Adults with the facility is licensisting for acceptance of five the facility is licensisting for acceptance.	complaint and follow up survey was on May 30, 2023. The complaints antiated (intake #NC00201269, 841 and #NC00201579). No were cited. is licensed for the following service 0A NCAC 27G. 5600C Supervised dults with Developmental Disabilities. is licensed for six beds and currently us of five. The survey sample	V 000				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE