PRINTED: 08/31/2023 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  CARTER'S HOUSE  (X4) ID PREPIX TAGS HELDREN FRECEDED BY FULL PREPIX TAGS HELDRENG DATE OF CORRECTION OR CREENSBORD, NC 27407  (X4) ID PREPIX TAGS HELDRENG HELDRENG BY FULL PREPIX TAGS HELDRENG TO THE APPROPRIATE DEFICIENCES.  V 000 INITIAL COMMENTS  An annual and complaint survey was completed on August 30, 2023. The complaints were unsubstantiated. Intake #s NC00205795 and NC00206254. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G 5500C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 5 and currently has a census of 3. 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	
CARTER'S HOUSE    1606-H PINECROFT ROAD GREENSBORO, NC 27407			MHL0411187	B. WING		08/3	30/2023	
CARTER'S HOUSE  (X4) ID PREFIX 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 August 30, 2023. The complaints were unsubstantiated. Intake #s NC00205795 and NC00206254. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of								
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE