PRINTED: 10/23/2023 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1622 FLORA AVENUE BURLINGTON, NC 27217 SUMMARY STATEMENT OF DEPICENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAG V 000 INITIAL COMMENTS An annual, complaint and follow up survey was completed on October 19, 2023. The complaint was substantiated (intake #NC00207263). No deficiencies were cited. This facility is licensed for 4 and currently has a census of 4. 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		
NAME OF PROVIDER OR SUPPLIER HOME SWEET HOME #1 CX4) ID SUMMARY STATEMENT OF DEFICIENCIES BURLINGTON, NC 27217								
HOME SWEET HOME #1 CX4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DATE			MHL001-267	B. WING		10/1	9/2023	
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE