PRINTED: 11/08/2023 FORM APPROVED

Division of Health Service Regulation

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
				R-C
	MHL097-045	B. WING		11/07/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				
HOLLY HILLS GROUP HOME				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
{V 000} INITIAL COMMENTS		{V 000}		
A follow up survey was completed on 11/7/23. No deficiencies were cited.				
The facility is licensee for the following service category: 10A NCAC 27G .5600 C Supervised Living for Adults with Developmental Disability.				
This facility is licensed for 6 beds and currently has a census of 6. The survey sample consisted of audits of 3 current clients.				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L INITIAL COMMENTS A follow up survey wa deficiencies were cite The facility is licenseed category: 10A NCAC Living for Adults with I This facility is licensed has a census of 6. Th	MHL097-045 OVIDER OR SUPPLIER STREET AD 179 HOLL NORTH W SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A follow up survey was completed on 11/7/23. No deficiencies were cited. The facility is licensee for the following service category: 10A NCAC 27G .5600 C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 beds and currently has a census of 6. The survey sample consisted	MHL097-045 MHL097-045 STREET ADDRESS, CITY, STA 179 HOLLY BROOK STR NORTH WILKESBORO, N SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A follow up survey was completed on 11/7/23. No deficiencies were cited. The facility is licensee for the following service category: 10A NCAC 27G .5600 C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 beds and currently has a census of 6. The survey sample consisted	MHL097-045 MHL097-045 B. WING OVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 179 HOLLY BROOK STREET NORTH WILKESBORO, NC 28659 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A follow up survey was completed on 11/7/23. No deficiencies were cited. The facility is licensee for the following service category: 10A NCAC 27G .5600 C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 beds and currently has a census of 6. The survey sample consisted

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

(X6) DATE TITLE