Division of Health Service Regulation

PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
PEGUESE HOME 1712 CANDLEWOOD COURT HIGH POINT, NC 27265 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 1712 CANDLEWOOD COURT HIGH POINT, NC 27265 ID PROVIDER'S PLAN OF CORRECTION (X COMPRESTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			MHL041-527	B. WING		02/1	6/2024	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X COMPRESS REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PROVIDER'S PLAN OF CORRECTION (X COMPRESS) PLAN OF	PEGLIESE HOME 1712 CANDLEWOOD COURT							
V 000 INITIAL COMMENTS V 000	PRÉFIX	(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	ILD BE	(X5) COMPLETE DATE	
An annual survey was completed on 2-16-24. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living for Alternative Family Living. This facility is licensed for 2 beds and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000	An annual survey we deficiencies were control of the survey of the surve	vas completed on 2-16-24. No ited. sed for the following service AC 27G .5600F Supervised e Family Living. sed for 2 beds and currently The survey sample consisted	V 000	DEFICIENCY)			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE