

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-426	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2024
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NAME OF PROVIDER OR SUPPLIER STARKEY LOWERY'S SUPERVISED LIVING HC	STREET ADDRESS, CITY, STATE, ZIP CODE 1232 PENSELWOOD DRIVE RALEIGH, NC 27604
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on March 8, 2024. No deficiencies were cited.</p> <p>The facility is licensed for 2 and currently has a census of 1. The 10A NCAC 27G .5600F Supervised Living for Alternative Family Living has a current census of 1 and the 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups has a current census of 0. The survey sample consisted of audits of 1 current client in the 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p>	V 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____