STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL065-035	A. BUILDING: _____ B. WING _____	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPE FEAR GROUP HOMES DAY PROGRAM	102 OLD EASTWOOD ROAD, D-2 WILMINGTON, NC 28403

(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
V 000	INITIAL COMMENTS A complaint survey was completed on April 5, 2024. The complaint was unsubstantiated (intake #NC00215184). No deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G.2300 Adult Developmental Vocational Programs for Individuals with Developmental Disabilities; 10A NCAC 27G.5400 Day Activity for Individuals of all Disability Groups. The survey sample consisted of an audit of 1 current client. The client census at the time of the survey was 16.	V 000		