PRINTED: 04/17/2024 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  CHATHAM COUNTY GROUP HOME #1  SILER CITY, NC 27344   (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  DENTIFICATION NUMBER:  A. BUILDING:  B. WING  CHATHAM COUNTY GROUP HOME #1  SILER CITY, NC 27344  CX4) ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	R-C <b>04/16/2024</b>		
NAME OF PROVIDER OR SUPPLIER  CHATHAM COUNTY GROUP HOME #1  STREET ADDRESS, CITY, STATE, ZIP CODE  320 MARTIN LUTHER KING BLVD  SILER CITY, NC 27344   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE	04/16/2024		
CHATHAM COUNTY GROUP HOME #1  320 MARTIN LUTHER KING BLVD SILER CITY, NC 27344  (X4) ID PREFIX FIAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL FIAG REGULATORY OR LSC IDENTIFYING INFORMATION)  320 MARTIN LUTHER KING BLVD FREFIX D PREFIX FREFIX FREF			
CHATHAM COUNTY GROUP HOME #1  SILER CITY, NC 27344  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  SILER CITY, NC 27344  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE	CHATHAM COUNTY GROUP HOME #1		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE			
	(X5) COMPLETE DATE		
V 000 INITIAL COMMENTS V 000			
A complaint and follow-up surrvey was completed on April 16, 2024. The complaint (intake #NC00215220) was unsubstantiated. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities  The facility is licensed for 5 and currently has a census of 5.  The survey sample consisted of audits of 3 current clients.			

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

(X6) DATE TITLE