Division of Health Service Regulation

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHI 026-171				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
CREST, INC 241 TILLINGHAST STREET FAYETTEVILLE, NC 28301					
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	LD BE	(X5) COMPLETE DATE
INITIAL COMMENT	īS	V 000			
A complaint survey 2024. The complain #NC00215475). No This facility is licens category: 10A NCA Developmental Voc Individuals with Dev This facility has a control of the complex of the	was completed on April 17, at was unsubstantiated (intake deficiencies were cited. sed for the following service C 27G .2300 Adult cational Programs for velopmental Disability.				
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS INITIAL COMMENT A complaint survey 2024. The complain #NC00215475). No This facility is licens category: 10A NCA Developmental Voc Individuals with Dev	MHL026-171 PROVIDER OR SUPPLIER STREET AD 241 TILLII FAYETTE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint survey was completed on April 17, 2024. The complaint was unsubstantiated (intake #NC00215475). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .2300 Adult Developmental Vocational Programs for Individuals with Developmental Disability. This facility has a current census of 33. The survey sample consisted of audits of 3 current	MHL026-171 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S 241 TILLINGHAST ST FAYETTEVILLE, NC 2 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A. BUILDING: B. WING 241 TILLINGHAST ST FAYETTEVILLE, NC 2 ID PREFIX TAG V 000 INITIAL COMMENTS V 000 A complaint survey was completed on April 17, 2024. The complaint was unsubstantiated (intake #NC00215475). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .2300 Adult Developmental Vocational Programs for Individuals with Developmental Disability. This facility has a current census of 33. The survey sample consisted of audits of 3 current	MHL026-171 PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 241 TILLINGHAST STREET FAYETTEVILLE, NC 28301 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A. BUILDING: B. WING PROVIDERS CEACH CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) INITIAL COMMENTS V 000 A complaint survey was completed on April 17, 2024. The complaint was unsubstantiated (intake #NC00215475). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .2300 Adult Developmental Vocational Programs for Individuals with Developmental Disability. This facility has a current census of 33. The survey sample consisted of audits of 3 current	OF CORRECTION IDENTIFICATION NUMBER: MHL026-171 PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 241 TILLINGHAST STREET FAYETTEVILLE, NC 28301 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint survey was completed on April 17, 2024. The complaint was unsubstantiated (intake #NC00215475). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .2300 Adult Developmental Vocational Programs for Individuals with Developmental Disability. This facility has a current census of 33. The survey sample consisted of audits of 3 current

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

TITLE (X6) DATE