Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER THOMAS SUPERVISED CARE THOMAS SUPERVISED CARE TO16 BEAVERWOOD DRIVE RALEIGH, NC 27616 (A4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FILL TAG DEFICIENCY) V 000 INITIAL COMMENTS A limited follow up survey for the Type A2 was completed on 5/8/24. This was a limited follow up survey, only 10A NCAC 27G. 0.303 Facility and Grounds Maintenance (V736) was reviewed for compliance: 10A NCAC 27G. 0.303 (736). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 1 current client.	AND PLAN OF CORRECTION IN IDEN		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			1	
THOMAS SUPERVISED CARE The content of the conten			MHL092-411			I		
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A limited follow up survey for the Type A2 was completed on 5/8/24. This was a limited follow up survey, only 10A NCAC 27G .0303 Facility and Grounds Maintenance (V736) was reviewed for compliance. The following was brought back into compliance: 10A NCAC 27G .0303 (V736). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7016 BEAVERWOOD DRIVE							
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE