Division of Health Service Regulation

| NAME OF PROVIDER OR SUPPLIER WAKE ENTERPRISES-THE MILLER BLDG STREET ADDRESS, CITY, STATE, ZIP CODE 3548 BUSH STREET RALEIGH, NC 27609 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETED COMPL | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/OF IDENTIFICATION NUMB | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | (X3) DATE SURVEY COMPLETED | |
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| NAME OF PROVIDER OR SUPPLIER WAKE ENTERPRISES-THE MILLER BLDG (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE 3548 BUSH STREET RALEIGH, NC 27609 PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE COMPLETED TO THE APPROPRIATE DATE | | | | |
| WAKE ENTERPRISES-THE MILLER BLDG 3548 BUSH STREET RALEIGH, NC 27609 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE CROSS-REFERENCED TO THE APPROPRIATE DATE | MHL092-006 | B. WING | 06/05/2024 | |
| RALEIGH, NC 27609 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE COMPLET CO | | | | |
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| V 000 INITIAL COMMENTS V 000 | V 000 INITIAL COMMENTS | V 000 | | |
| A complaint survey was completed on June 5, 2024. The complaint was unsubstantiated (Intake #NC00217269). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities. This facility has a current census of 123. The survey sample consisted of audits of 3 current clients. | A complaint survey was completed on Jun 2024. The complaint was unsubstantiated #NC00217269). No deficiencies were cited This facility is licensed for the following se category: 10A NCAC 27G .2300 Adult Developmental and Vocational Programs Individuals with Developmental Disabilities This facility has a current census of 123. This facility has a current census of 3 current census of | ake | | |

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

TITLE (X6) DATE