PRINTED: 08/06/2024 FORM APPROVED

Division of Health Service Regulation

PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLIANCE DEFICIENCY) V 000 INITIAL COMMENTS An annual and complaint survey was completed on August 5, 2024. The complaint (intake #NC00218942) was unsubstantiated. No	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
WEST HILLCREST DDA HOME, LLC ##NC00218942) was unsubstantiated. No ##NC00218942) was unsubstantiated. No ##REGULATORY DDA HOME, LLC ##USET HILLCREST DDA HOME, LCC ##USET HILLCREST DDA H			MHL001-287	B. WING		08/	05/2024	
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual and complaint survey was completed on August 5, 2024. The complaint (intake #NC00218942) was unsubstantiated. No	WEST HILLCREST DDA HOME, LLC 925 SOUTH CHURCH STREET							
An annual and complaint survey was completed on August 5, 2024. The complaint (intake #NC00218942) was unsubstantiated. No	PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5500C Supervised Living for Adults with Developmental Disabilities The facility is licensed for 6 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 0000	An annual and compl on August 5, 2024. T #NC00218942) was u deficiencies were cite This facility is licensed category: 10A NCAC Supervised Living for Disabilities The facility is licensed census of 3. The survey sample co	aint survey was completed The complaint (intake unsubstantiated. No ed. d for the following service 27G. 5600C Adults with Developmental d for 6 and currently has a	V 000				

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

TITLE (X6) DATE