PRINTED: 08/12/2024 FORM APPROVED

OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		СОМ	(X3) DATE SURVEY COMPLETED	
	MHL032-584			08/09/2024		
	STREET A 4815 SW			1		
ARMS TENDER TOU						
(X4) IDSUMMARY STATEMENT OF DEFICIENCIESPREFIX(EACH DEFICIENCY MUST BE PRECEDED BY FULLTAGREGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE C CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE	
INITIAL COMMEN	rs	V 000				
An annual survey was completed on August 9, 20024. No deficiencies were cited.						
categories: 10A NCAC 27G .56 Alternative Family I and 10A NCAC 27G .52	500F Supervised Living: Living in a Private Residence					
census of 2. The .5 Alternative Family I (AFL) has a curren Community Respite Disability Groups (I census of 0. The su	600F Supervised Living: Living in a Private Residence t census of 2 and the .5100 e Services for Individuals of all Residential) has a current urvey sample consisted of					
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