PRINTED: 09/04/2024 FORM APPROVED

Division of Health Service Regulation

MHL0411258 MHL0411258 MHL0411258 B. WING B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5407 SILVERBROOK DRIVE MC LEANSVILLE, NC 27301 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **MACKK HOUSE I** **MACKK HOUSE I** **SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) **B. WING				A. BUILDING:				
MACKK HOUSE I 5407 SILVERBROOK DRIVE MC LEANSVILLE, NC 27301 (X4) ID PREFIX FIRST REGULATORY OR LSC IDENTIFYING INFORMATION) 5407 SILVERBROOK DRIVE MC LEANSVILLE, NC 27301 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE	MHL0411258		B. WING					
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V 000 INITIAL COMMENTS V 000	V 000	000 INITIAL COMMENTS						
An annual and follow up survey was completed on 8/28/24. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.		An annual and follow on 8/28/24. No deficient This facility is license category: 10A NCAC Living for Alternative This facility is license census of 3. The survival of 10 to 1	up survey was completed encies were cited. d for the following service 27G .5600F Supervised Family Living. d for 3 and has a current yey sample consisted of					

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

(X6) DATE TITLE