Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2280 OAK GROVE ROAD  TRENTON, NC 28585     CALI JUNE   SUMMARY STATEMENT OF DEFICIENCIES   ID PROVIDER'S PLAN OF CORRECTION   CAMPITE   COMPLETE   CAMPITE   CAMPITE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
JONES COUNTY HOME  2280 OAK GROVE ROAD TRENTON, NC 28585    (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	MHL05		MHL052-001	B. WING		08/22/2024		
CX4) ID   SUMMARY STATEMENT OF DEFICIENCIES   (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   COMPLETE DATE      V 000								
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  A complaint survey was completed on <august #nc00220524).="" (intake="" .5600c="" 10a="" 2024.="" 22,="" 27g="" 5.="" 6="" a="" adults="" and="" category:="" census="" cited.="" complaint="" consisted="" current="" deficiencies="" developmental="" disabilities.="" facility="" following="" for="" has="" is="" licensed="" living="" ncac="" no="" of="" of<="" sample="" service="" supervised="" survey="" td="" the="" this="" unsubstantiated="" was="" were="" with=""><td colspan="8">L JONES COUNTY HOME</td></august>	L JONES COUNTY HOME							
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22, 2024. The complaint was unsubstantiated (intake #NC00220524). No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  This facility is licensed for 6 and has a current census of 5. The survey sample consisted of	V 000 INITIAL COMMENTS			V 000				
		A complaint survey 22, 2024. The complaint survey complete the complet	was completed on <august .5600c="" 24).="" 27g="" 6="" a="" and="" c="" consisted="" current="" deficiencies="" developmental="" disabilities.="" following="" for="" h="" has="" no="" of<="" plaint="" sample="" sed="" service="" supervised="" td="" the="" unsubstantiated="" urvey="" was="" were=""><td></td><td></td><td></td><td></td></august>					

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

TITLE (X6) DATE