PRINTED: 12/23/2024 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  281 WHEELER HILLS ROAD  BURNSVILLE, NC 28714  (K4) ID PREFIX (EACH OFFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000 INITIAL COMMENTS  A limited follow up survey, only 10 A NCAC 27G .0304 Facility Design and Equipment (V752), No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC .5600C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  281 WHEELER HILLS ROAD BURNSVILLE, NC 28714  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG)  REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  A limited follow up survey, only 10A NCAC 27G .0304 Facility Design and Equipment (V752) was reviewed for compliance. The following was brought back into compliance. The following was brought back into compliance. The following service category: 10A NCAC .5600C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 6 and has a current census of 6. The survey sample consisted of					R		
CX4) ID   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG			MHL100-024	B. WING		12/20/2024	
CX4) ID   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  A limited follow up survey for the Type A2 was completed on December 20, 2024. This was a limited follow up survey, only 10A NCAC 27G .0304 Facility Design and Equipment (V752) was reviewed for compliance. The following was brought back into compliance: 10A NCAC 27G .0304 Facility Design and Equipment (V752). No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC .5600C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 6 and has a current census of 6. The survey sample consisted of	HAWTHORNE HOUSE						
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE