Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3372 HUFFINES DRIVE BURLINGTON, NC 27217  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED 8Y FULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  INITIAL COMMENTS  An annual, complaint and follow up survey was completed on December 18, 2024. The complaint was unsubstantiated (intake #NC00223846). No deficiencies were cited.  This facility is licensed for the following service category: 10 A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  This facility is licensed for six and has a current census of four. The survey sample consisted of audits of three current clients.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  HUFFINES GROUP HOME  3372 HUFFINES DRIVE BURLINGTON, NC 27217   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000 INITIAL COMMENTS  An annual, complaint and follow up survey was completed on December 18, 2024. The complaint was unsubstantiated (intake #NC00223846). 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 six and has a current census of four. The survey sample consisted of	MHLO		MHL001-088	B. WING				
SUMMARY STATEMENT OF DEFICIENCIES   PREFIX TAG   (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 DEFICIENCY)   O00   INITIAL COMMENTS   V 000   INITIAL COmment and follow up survey was completed on December 18, 2024. The complaint was unsubstantiated (intake #NC00223846). 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 six and has a current census of four. The survey sample consisted of	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE