Division of Health Service Regulation

MHL001-095  B. WING ROUTER  STREET ADDRESS, CITY, STATE, ZIP CODE  \$29 WILLIAMSON AVENUE  ELON, NC 27244  [X4] ID PRETIX REGULATORY OR LISC IDENTIFYING INFORMATION)  An annual, complaint and follow up survey was completed on December 18, 2024. The complaint was unsubstantiated (intake #NC00223837). 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 five and has a current census of three. 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  STREET ADDRESS, CITY, STATE, ZIP CODE  ### STREET ADDRESS, CITY, STATE, ZIP CODE  ### STREET ADDRESS, CITY, STATE, ZIP CODE  ### STAGE	MHL001-095			B. WING 12					
CX4) ID   PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES (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      V 000	· · · · · · · · · · · · · · · · · · ·								
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PREFIX TAG   PREFIX TAG   PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PREFIX TAG	I WILLIAMSON AVENUE GROUP HOME								
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE