STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl026-086	A. BUILDING: _____ B. WING _____	R 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAT REESE FELLOWSHIP HOME	554 WILKES ROAD FAYETTEVILLE, NC 28306

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A limited follow up survey for the Type A2 was completed on January 17, 2025. 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 27G. 5600E Supervised Living for Adults with Substance Abuse Dependency. This facility is licensed for 14 and has a current census of 10. The survey sample consisted of audits of 0 current clients.	V 000		