DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER KING GEORGE GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 323 KING GEORGE ROAD GREENVILLE, NC 27834 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DAT COM	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER KING GEORGE GROUP HOME (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 000 INITIAL COMMENTS This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediate Care Facilities found at 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480 STREET ADDRESS, CITY, STATE, ZIP CODE 323 KING GEORGE ROAD GREENVILLE, NC 27834 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CONDITION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 000 W 000 This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for Individuals with Intellectual Disabilities found at 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480	34G:		34G337	B. WING		01/	01/28/2025	
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CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for Individuals with Intellectual Disabilities found at 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480	W 000	000 INITIAL COMMENTS		W C	000			
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) I	LABORATOR:	(DIDEOTORIO 22 22 22 22 22 22 22 22 22 22 22 22 22		NIATI IS S			(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.