Division of Health Service Regulation

MHL063-095 MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 340 EAST PENNSYLVANIA AVENUE SOUTHERN PINES, NC 2387 PENNSYLVANIA AVENUE GROUP HOME SOUTHERN PINES, NC 2387 PROVIDER SUMMARY STATEMENT OF DEFICIENCIES SOUTHERN PINES, NC 2387 PREFIX FREETX FREE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMI	(X3) DATE SURVEY COMPLETED		
PENNSYLVANIA AVENUE GROUP HOME 340 EAST PENNSYLVANIA AVENUE SOUTHERN PINES, NC 28387 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual survey was completed on February 25, 2025. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The facility is licensed for 6 and currently has a census of 6. The survey sample consisted of	MHL063-095			B. WING		02/2	02/25/2025	
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE