Division of Health Service Regulation

MHL092-791    Name of Provider or Supplier   STREET ADDRESS, CITY, STATE, ZIP CODE   3716 ARROWOOD DRIVE   RALEIGH, No. 27604	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		COMPLETED		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  3716 ARROWWOOD DRIVE RALEIGH, NC 27604  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  OMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE  V 000  INITIAL COMMENTS  V 000  A limited follow up survey for the Type A2 was completed on 3/26/25. This was a limited follow up survey, only 10A NCAC 27G .0303 Facility and Grounds Maintenance (V736) and 10A NCAC 27G .0304 Hot Water Temperatures (V752) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0304 Hot Water Temperatures (V752). No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5500A Supervised Living for Adults with Mental Illness.  This facility is licensed for 6 and has a current census of 6. The survey sample consisted of				B WING				
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE