PRINTED: 04/17/2025 FORM APPROVED

Division of Health Service Regulation

		A. BUILDING: _		COMPLETED
				R-C
	MHL036-402	B. WING		04/17/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				
NEW HOPE NC 1, INC. 649 LORAY FARM ROAD DALLAS, NC 28034				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
V 000 INITIAL COMMENTS		V 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE