PRINTED: 06/03/2025 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 287 MODDYTOWN ROAD MARION, N. C 28752 PREPIX TAG SEQULATORY OR ISC IDENTIFYING INFORMATION) An annual and complaint survey was completed on June 2, 2025. The complaints were unsubstantiated (intake #MC00229755 and #NC00229683). No deficiencies were cited. This facility is licensed for 3 and has a current census of 1. The survey sample consisted of 1 current client and 1 former client.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
PITTMAN HOME 267 MOODYTOWN ROAD MARION, NC 28752 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual and complaint survey was completed on June 2, 2025. The complaints were unsubstantiated (Intake #NC00229755 and #NC00229683). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and has a current census of 1. The survey sample consisted of 1	MHL059-103		MHL059-103	B. WING			06/02/2025	
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE