IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING) COM	(X3) DATE SURVEY COMPLETED C 06/03/2025	
OF CORRECTION						
	MHL032-259					
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
BEND GROUP HOME			IVE			
D SUMMARY STATEMENT OF DEFICIENCIES IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	FION SHOULD BE THE APPROPRIATE	N SHOULD BE COMPLETE E APPROPRIATE DATE	
INITIAL COMMENT	ſS	V 000				
2025. The complain	nt was unsubstantiated (intake					
category: 10A NCA	C 27G .5600C Supervised					
census of 5. The su	irvey sample consisted of					
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LI INITIAL COMMENT A complaint survey 2025. The complain #NC00230178). No This facility is licens category: 10A NCA Living for Adults wit This facility is licens census of 5. The su	MHL032-259 PROVIDER OR SUPPLIER STREET AL BEND GROUP HOME 2003 GR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS INITIAL COMMENTS A complaint survey was completed on June 3,	MHL032-259 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST BEND GROUP HOME 2003 GREAT BEND DR DURHAM, NC 27704 DURHAM, NC 27704 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG INITIAL COMMENTS V 000 A complaint survey was completed on June 3, 2025. The complaint was unsubstantiated (intake #NC00230178). No deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of	MHL032-259 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BEND GROUP HOME 2003 GREAT BEND DRIVE DURHAM, NC 27704 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF PREFIX TAG INITIAL COMMENTS V 000 A complaint survey was completed on June 3, 2025. The complaint was unsubstantiated (intake #NC00230178). No deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. V 000	MHL032-259 B. WING 06// PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2003 GREAT BEND DRIVE DURHAM, NC 27704 06// SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) INITIAL COMMENTS V 000 A complaint survey was completed on June 3, 2025. The complaint was unsubstantiated (intake #NC00230178). No deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. V 000	

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