

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                              |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>MHL092-426</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>06/16/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>STARKEY LOWERY'S SUPERVISED LIVING HC</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1232 PENSELWOOD DRIVE<br/>RALEIGH, NC 27604</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| V 000  | <p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 6/16/25. No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living and 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups.</p> <p>This facility is licensed for 2 and has a current census of 1. The .5600F Supervised Living for Alternative Family Living has a current census of 1 and the .5100 Community Respite Services for Individuals of All Disability Groups has a current census of 0. The survey sample consisted of audits of 1 current client in the .5600F Supervised Living for Alternative Family Living.</p> | V 000   |  |  |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE