Division of Health Service Regulation

MAME OF PROVIDER OR SUPPLIER THE WILSON HOUSE THE WILSON HOUSE 1711 WEST LAKEWOOD AVENUE DURHAM, NO. 27707 PREFER TAG SAMMARY STATEMENT OF DEPICEINCED BY FULL (EACH DEFICIENCY MUST BE PRECEINDED BY FULL (EACH DEFICIENCY BY THE PRECEINDED BY FULL (EACH DEFICIENCE) TO THE APPROPRIATE DEFICIENCY V 000 INITIAL COMMENTS An annual survey was completed on July 1, 2025. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5500F Supervised Living for Alternative Family Living. This facility is licensed for 3 and has a current census of 1. The survey sample consisted of audits of 1 current client.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMI	(X3) DATE SURVEY COMPLETED	
THE WILSON HOUSE 1711 WEST LAKEWOOD AVENUE DURHAM, NC 27707 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual survey was completed on July 1, 2025. 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	MHL032-647			B. WING		07/0	07/01/2025	
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE