	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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		MHL059-108	B. WING		07/1	8/2025	
NAME OF PR	OVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
STEVIE'S I	PLACE		NC 28752				
(X4) ID PREFIX TAG	ID SUMMARY STATEMENT OF DEFICIENCIES FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 000 I	NITIAL COMMENT	rs .	V 000				
C	on 7/18/25. Deficie This facility is licens category: 10A NCAC Living for Adults with The facility is licens census of 3. The si	ed for the following service C 27G .5600C Supervised n Developmental Disabilities. ed for 3 and has a current urvey sample consisted of					
1 F () () () () () () () () () () () () ()	audits of 3 current clients.  27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug;		V 118				

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

(X6) DATE TITLE

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL	(X3) DATE SURVEY COMPLETED		
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		MHL059-108	B. WING		R 07/18	8/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
STEVIE	S PLACE		M STREET NC 28752			
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V 118	(5) Client requests checks shall be recifile followed up by a with a physician.	age 1  for medication changes or corded and kept with the MAR appointment or consultation  et as evidenced by:	V 118			
	Based on record refacility failed to ensiadministered on the and failed to keep to 3 clients (#1, #2, #3).  Review on 7/15/25.  Date of admission.  Diagnoses: Autistic Reflux (GERD), Vit Hypothyroidism, Pr Developmental Disenty orders.  Levothyroxine 1 tablet (tab) once Loratadine 10 tablet (tab) once daily.  Metoprolol 25r tab twice daily alon.  Metoprolol 50r along with 25mg.  Omeprazole 2 daily.  Divalproex DR 500mg- 2 tabs twice Risperidone 4 every 2 hours as not seem and the s	eviews and interviews, the ure medications were envitten order of a physician the MAR current affecting 3 of 3).  of Client #1's record revealed: 5/10/22. c Disorder, Gastroesophageal amin D Deficiency, ofound Intellectual order (IDD), Nonverbal. dated 10/21/24 included: 50 microgram (mcg)(thyroid) - daily milligrams (mg) (allergies)- 1				

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AND DIAN OF CORRECTION IN IDENTIFICATION NUMBER		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			, <u>20.25</u> to.		R	
		MHL059-108	B. WING		1	8/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
STEVIE'S	S PLACE	16 6TH EN MARION,	NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 118	(deficiency) - 2 tabs was no discontinue -Fluticasone 50 nostril twice daily or discontinue order.  Review on 7/15/25 Client #1 revealed: -Levothyroxine administered 7/10/2 -Loratadine was administered 7/14/2 -Metoprolol 25r administered 5/30/2 doses, 7//3/25 am of 7/3/25 pm doses. (100 -Metoprolol 50r administered 7/15/2 -Omeprazole was administered 7/15/2 -Divalproex was administered 7/3/25 doses. (4 doses) -Risperidone was administered 5/9/25 5/29/25, 6/24/25 with as to why PRN was PRN administration -Vitamin D3 was administered 5/1/25 -Fluticasone was administered 5/1/25 -Pate of admissions:	0 international units (IU) daily ordered 9/23/24. There order.  Image (allergies)- 1 spray each ordered 9/23/25. There was no of MARs 5/1/25-7/15/25 for was not documented as 25, 7/15/25. (2 doses) so not documented as 25. (1 dose) mg was not documented as 25 pm dose, 6/1/25-6/9/25 pm dose, 7/4/25 am dose, 7/1/25-15 doses) mg was not documented as 25 am dose. (1 dose) may not documented as 25 am dose. (1 dose) may not documented as 25. (1 dose) may not documented as 35. 5/10/25, 5/25/25, 5/27/25, thout additional documentation as given, time given or results of 1. So not documented as 5-7/15/25. (76 doses) as not documented as 5-7/15/25. (76 doses) of Client #2's record revealed:	V 118	DEFICIENCY		
	Anxiety Disorder, M Depressive Disorde	lood Disorder, Major er, Dementia.				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL059-108			B. WING			R <b>18/2025</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
STEVIE'	S PLACE		N STREET NC 28752				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 118	Continued From pa	ge 3	V 118				
		dated 1/8/25 included: g (constipation)- 2 tabs daily.					
	Client #2 revealed:	of MARs 5/1/25-7/15/25 for					
	administered 7/3/25	ot documented as 5, 7/10/25. (2 doses)					
	Review on 7/15/25 of Client #3's record revealed: -Date of admission: 6/15/23Diagnoses: Attention Deficit Hyperactivity Disorder, Mild IDD, Intermittent Explosive Disorder, Type II Diabetes Mellitus, Oppositional Defiant Disorder, Obsessive Compulsive						
	(diabetes)- inject 5r 5/27/25. No previous	/0.5milliliters (ml) injection mg once weekly ordered us order was presented. 5mg (anxiety)- 1 tab twice					
	Client #3 revealed: -Mounjaro was 5/11/25, 5/18/25 wit -Mounjaro was administered the wadministered the wadministered on 6/2 documentation as to time given or results.	as documented as 22/25 without additional o why the PRN was given, s of PRN administration.  apted on 7/15/25 with Client #1 oked at this surveyor he did not					
	Interview on 7/18/2	5 with Cient #2 revealed:					

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MHL059-108    MHL059-108   B. WING		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER  STEEVIE'S PLACE  STEVIE'S PLACE  SUMMARY STATEMENT OF DEFICIENCES  PREFIX  REGULATORY OR LIST BE PRECEDED BY FULL  REGULATORY OR LIST BE AND OF CORRECTION  REGULATORY OR LIST BE AND OF CORRECT BY  REGULATORY OR LIST BY  RECULATORY OR LIST BY  RECULATORY OR LIST BY  RECOVER THE STEEM TO OF CREATER BY				A. BUILDING:		R	
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STEVILLE PLACE   SUMMARY STATEMENT OF DEFICIENCIES   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PRÉFIX TAG  REQUIATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 4 take."  Interview on 7/15/25 with Client #3 revealed: -He received medications but did not know what he was administeredHe administered his own injections.  Interview on 7/18/25 with the House Manager revealed: -Was responsible for making sure medications were filled[Client #3] does not administer (his shot) himselfhe gets it on Sundaysit's usually me administering."  Interview on 7/16/25 with the QP revealed: -"I've been in the house (facility) monthly." -"I check the MARs and meds, make sure they match." -"I'd idd not look for medication labels." -Did not remember when they switched pharmacies and began receiving the dispill packs.  Interview on 7/15/25 with the Licensee's Member Coordinator revealed: -Medications had to have been given because they were all in the same dispill pack. "I don't understand why the MAR was not completedstaff documentation error."  Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.  This deficiency constitutes a recite deficiency and	STEVIE'S	S PLACE					
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		Interview on 7/15/2: -He received medic he was administered he was administered he administered he administered he administered he administered: -Was responsible for were filled[Client #3] does not administering."  Interview on 7/16/2: -"I've been in the hory." -"I did not look for not remember pharmacies and be administering and be administering."  Interview on 7/15/2: Coordinator revealed and he were all in the understand why the substant why the substant and medication administering as ordered by the particular to the failure to the f	cations but did not know what ed. is own injections.  5 with the House Manager or making sure medications of administer (his shot) himself daysit's usually me  5 with the QP revealed: buse (facility) monthly." and meds, make sure they medication labels." when they switched gan receiving the dispill packs. with the Licensee's Member ed: a have been given because same dispill pack. "I don't e MAR was not completed on error."  5 accurately document stration, it could not be sereceived their medications onlysician.				

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PRINTED: 07/21/2025 FORM APPROVED

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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	MHL059-108 B. WING 07/18/20				8/2025		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
STEVIE'S	S DI ACE	16 6TH EI	M STREET				
SIEVIE	5 PLACE	MARION,	NC 28752				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDERSON SHOUNDERSON OF THE APPROPRICE OF TH	JLD BE	(X5) COMPLETE DATE	
V 736	Continued From pa	ge 5	V 736				
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive					
		on and interview, the facility in a safe, clean, attractive					
	approximately 11:18 -Upon entrance to to the 2 front doors wat doorknob and dead still showed the work knob/lock. The 8-1 worn and paint was the left door. The w 6-8" step below the leaving gaps of one approximately 2" wi approximately 2" wi approximately 6-8" threshold were warp replacement. Furniture in the faci couch, matching are leather armchair an The back right side as it dropped appro of the left side. The leather patch partia	he facility, the paint outside of as faded and dirty. The bolt had been replaced but in and dirty outline of previous 0" wide threshold paint was scraped off in front edge of rooden slat siding covering threshold was missing slats 1" wide gap, 2 sections de and 1 section wide. Other slats below the bed and split and in need of lity included 1 large leather mchair, additional smaller d an electric reclining chair. of the couch appeared broken ximately 4-6" below the back a left arm of the couch had a lly taped over the inside					
	4x4" hole missing c exposing the woode	patch was an approximate over and padding and en frame of the arm. The chair was torn on both inside					

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V 736  Continued From page 6  corners of each arm exposing the padding of approximately 3x3x3" triangle on the left and 1x1x1 triangle on the right. The right arm also had tape residue approximately 6x-12" hole in the seat cushion revealing rolled batting and the foam cushion. The front of the cushion also revealed a horizontal patch spanning almost the entire bottom edge and about 2" high on the front span of the cushion.  Interview on 7/15/25 with Staff #1 revealed: -"I think the furniture came from the CEO." -"I think the furniture came from the CEO." -"I think the furniture came from the CEO." -"I think the furniture same from the Ceo." -"I think the furniture same from the centre of the arms of the chair and couch)" -He was not aware when the back of the couch might have been brokenClient #1 typically sat in the smaller leather chair. "He frequently wet (urinated in) that chair's so other clients didn't want to sit in that chair.  Interview on 7/18/25 with the House Manager revealed: -The furniture had gotten worse by clients picking at itHad taped a patch over the tearsJust occurred the last month or 2Will be changed as soon as possible.  Interview on 7/16/25 with the Qualified Professional revealed: -I didn't notice the couch was torn [Client #3] will destroy things! would bet [Client #3] torn up the couch it was not like that the last time I was thereI did notice the door was dirty"	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
STEVIE'S PLACE   16 6TH EM STREET   MARION, NC 28752   MARION, NC 28			MHL059-108	B. WING			
NATION, NC 28752   NATIONAL SUMMARY STATEMENT OF DEFICIENCIES   DEFICIENCY MUST BE PRECEDED BY FULL   TAG   TAG   CROMBERT DATE OF THE APPROPRIATE   COMPLETE COMPL			16 6TH E	M STREET	STATE, ZIP CODE		
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  V 736  Continued From page 6  corners of each arm exposing the padding of approximately 3/33/3" triangle on the left and 1x1x1 triangle on the right. The right arm also had tape residue approximately 3/33/3" triangle on the left and 1x1x1 triangle on the right. The right arm also had tape residue approximately 8/6" around the hole. The smaller leather chair revealed a large approximately 8/12" hole in the seat cushion revealing folled batting and the foam cushion. The front of the cushion also revealed a horizontal patch spanning almost the entire bottom edge and about 2" high on the front span of the cushion.  Interview on 7/15/25 with Staff #1 revealed: -"I think the furniture came from the CEO." -"I think their dog did it (chewed the comer of the arms of the chair and couchy" -He was not aware when the back of the couch might have been brokenClient #1 typically sat in the smaller leather chair. "He frequently wet (urinated in) that chair.  Interview on 7/18/25 with the House Manager revealed: -The furniture had gotten worse by clients picking at itHad taped a patch over the tearsJust occurred the last month or 2Will be changed as soon as possible.  Interview on 7/16/25 with the Qualified Professional revealed: -I didn't notice the couch was torn[Client #3] will destroy thingsI would bet [Client #3] time I was thereI didn't notice the door was dirty"	0.20.2	J . 1, (O1	MARION,	NC 28752			
corners of each arm exposing the padding of approximately 3x3x3" triangle on the left and 1xx1 triangle on the right. The right arm also had tape residue approximately 6-8" around the hole. The smaller leather chair revealed a large approximately 8x12" hole in the seat cushion revealing rolled batting and the foam cushion. The front of the cushion also revealed a horizontal patch spanning almost the entire bottom edge and about 2" high on the front span of the cushion.  Interview on 7/15/25 with Staff #1 revealed: -"It think the furniture came from the CEO." -"It think their dog did it (chewed the corner of the arms of the chair and couch)" -He was not aware when the back of the couch might have been brokenClient #1 typically sat in the smaller leather chair. "He frequently wet (urinated in) that chair" so other clients didn't want to sit in that chair.  Interview on 7/18/25 with the House Manager revealed: -The furniture had gotten worse by clients picking at itHad taped a patch over the tearsJust occurred the last month or 2Will be changed as soon as possible.  Interview on 7/16/25 with the Qualified Professional revealed: -I didn't notice the couch was torn[Client #3] will destroy things! would bet [Client #3] torn up the couchit was not like that the last time I was thereI did notice the door was dirty"	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	ON SHOULD BE HE APPROPRIATE	COMPLETE
Interview on 7/15/25 with the Licensee's Member Coordinator revealed: -Was not aware the furniture "looked that bad."	V 736	corners of each arn approximately 3x3x 1x1x1 triangle on the had tape residue aphole. The smaller lapproximately 8x12 revealing rolled bath The front of the cushorizontal patch spabottom edge and also of the cushion  Interview on 7/15/25-"I think the furniture-"I think their dog diarms of the chair are He was not aware might have been brought for the relients didn't with the furniture had go the country of the furniture had go to the relients didn't with the furniture had go to the relients didn't with the furniture had go to the relients didn't will be changed as a linterview on 7/16/25 Professional revealed:  Interview on 7/16/25 Professional revealed:  Interview on 7/16/25 Professional revealed:  Interview on 7/15/26 Coordinator revealed:	n exposing the padding of 3" triangle on the left and he right. The right arm also opproximately 6-8" around the eather chair revealed a large 1" hole in the seat cushion ting and the foam cushion. Shion also revealed a anning almost the entire bout 2" high on the front span 5 with Staff #1 revealed: e came from the CEO." dit (chewed the corner of the nd couch)" when the back of the couch oken. Seat in the smaller leather chair. (urinated in) that chair" so want to sit in that chair.  5 with the House Manager gotten worse by clients picking over the tears. ast month or 2. Is soon as possible.  5 with the Qualified ed: couch was torn [Client #3] torn up ot like that the last time I was the door was dirty"	V 736			

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NAME OF PROVIDER OR SUPPLIER STEET ADDRESS. CITY, STATE, ZIP CODE  STEVIE'S PLACE  SUMMARY STATEMENT OF DEFICIENCIES  PRECED BEACH DEPICIENCY MUST BE PRECEDED BY FULL TAG.  V 736  Continued From page 7 -He would take care of repairing or replacing the furniture.  V 736  Continued From page 7 -He would take care of repairing or replacing the furniture.	STATEMEN AND PLAN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COME	SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  16 6TH EM STREET  MARION, NC 28752   (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  DEFICIENCY  V 736  Continued From page 7  -He would take care of repairing or replacing the	MUU 050 400			R			
STEVIE'S PLACE  16 6TH EM STREET MARION, NC 28752  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 736  Continued From page 7 -He would take care of repairing or replacing the	MHL059-108   B. WING   07/18/2028						
(X4) ID PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 736 Continued From page 7  -He would take care of repairing or replacing the	NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 736  Continued From page 7  -He would take care of repairing or replacing the	STEVIE	S PLACE					
-He would take care of repairing or replacing the	PREFIX	PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DA					
	V 736	-He would take care		V 736			

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