Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL073-043	A. BUILDING: _____ B. WING _____	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THURSHER GOODMAN WINSTEAD CAREHOM	1579 SEMORA ROAD ROXBORO, NC 27573

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was completed on July 30, 2025. No deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups and 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility has a current census of 1. The .5100 Community Respite Services for Individuals of All Disability Groups has a current census of 1 and the .5600F Supervised Living for Alternative Family Living has a current census of 0. The survey sample consisted of audit of 1 current Community Respite Services for Individuals of All Disability Groups client.	V 000		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE