PRINTED: 08/01/2025 FORM APPROVED

Division of Health Service Regulation

MHL0411211 B. WING B. WING O7/31/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 721 PARAMOUNT STREET HIGH POINT, NC 27260 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 721 PARAMOUNT STREET HIGH POINT, NC 27260 (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint and follow up survey was completed on 7/31/25. The complaints were unsubstantiated, due to client is currently enrolled in unlicensed AFL. (intake #NC00231968). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 4 and has a current census of 1. The survey sample consisted of				A. BOILDING.		B.C		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE