| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL032-578 | A. BUILDING: _____ B. WING _____ | 11/14/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NC START CENTRAL RESPITE HOME | 3817 CHEEK ROAD DURHAM, NC 27704 |

| (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<br><br>An annual survey was completed on November 14, 2025. No deficiencies were cited.<br><br>The facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals for all Disability Groups.<br><br>The facility is licensed for four and has a current census of one. The survey sample consisted of audits of two current clients and one former client. | V 000 | | |