

# Notification of Endorsement Action

- Initial  
 Additional (service)  
 Change

October 2, 2009

The Guilford Center  
232 N. Edgeworth  
Greensboro, NC 27401

Abundant Living Group Home, Inc.  
438 Creekr Ridge Drive  
Eden, NC 27288

Provider Federal ID #: 20-0995384  
Provider NPI #: 1104090562  
Provider Medicaid #: 6604223

Dear Abundant Living Group Home, Inc:

Your organization has been reviewed by The Guilford Center with the following results for the location and service indicated.

Name of the LME that Granted Business Verification: **Alamance-Caswell-Rockingham**

Provider Business Name: Abundant Living Group Home, Inc.

Provider Contact Person: Janice Timpson

Business Mailing Address: 438 Creekr Ridge Dr., Eden NC 27288

Business Phone: 336-623-7669

Site Address (No Guilford County Site): New Abundant Living 3- 1014 West Avenue, Eden, NC 27288-6430

County: Rockingham

Service Type(s): Child Residential Level II

STATUS	EFFECTIVE DATE
<input type="checkbox"/> Business Verification	mm/dd/yy
<input type="checkbox"/> Endorsement	/ / to / /
<input type="checkbox"/> Endorsement Pending	
<input type="checkbox"/> Due to Referral to DHR (Date Pended)	mm/dd/yy
<input type="checkbox"/> Other (see comments)	
<input type="checkbox"/> Denial of Endorsement (see comments)	mm/dd/yy
<input checked="" type="checkbox"/> Withdrawal of Endorsement	
<input type="checkbox"/> Voluntary	mm/dd/yy
<input checked="" type="checkbox"/> Involuntary *	11/05/09
Type of Withdrawal	
<input type="checkbox"/> Business Withdrawal	mm/dd/yy
<input checked="" type="checkbox"/> Enhanced Service(s) Withdrawal**	mm/dd/yy
<input type="checkbox"/> CAP-MR/DD services withdrawal	mm/dd/yy
Notification Sent Statewide <input type="checkbox"/> Yes <input type="checkbox"/> No	mm/dd/yy

NOTE: PLEASE FILL OUT APPLICABLE AREAS COMPLETELY. DO NOT USE "SAME AS ABOVE."

**SUBSTANCE ABUSE SERVICES (if applicable)**

SAIOP:

License type\*\*\*

- .3700 and waiver; or
- .3700 and schedule of 12 hours/week or more; or
- .4400

SACOT:

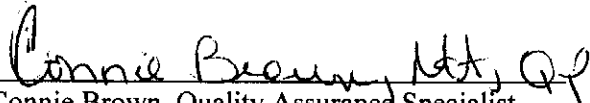
License type\*\*\*

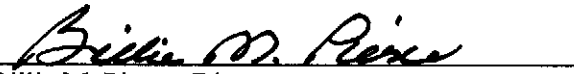
- .3700 and waiver; or
- .4500

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Additional Comments (include reason for denial or withdrawal if applicable): Provider failed to comply with any provisions of the Standard Agreement; ie. Failure to maintain insurance coverage.

Sincerely,

  
Connie Brown, Quality Assurance Specialist

  
Billie M. Pierce, Director

cc: DMH

If this Notification of Endorsement Action communicates a denial or withdrawal of endorsement, you may appeal this decision. *If this endorsement action affects Community Support-Child and/or Community Support - Adult Services, to appeal, you must file a Community Support Provider Petition within 30 days of the date of this letter. (You may obtain a copy of the form by calling the DHHS Hearing Office at (919) 647-8200.)* Instructions for filing your *Community Support-Child and/or Community Support - Adult Services* appeal are on the petition.

Your appeal rights are set forth in Section 10.15A. (e2) of S.L. 2007-107. *If this endorsement action pertains to any services other than Community Support-Child and/or Community Support-Adult, you must file an appeal with the Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) within 15 days of the date of this letter.* Your appeal rights are set out in G. S. 122C-151.4 and in administrative rules at 10A N.C.A.C. 27G.0810.

If you have questions regarding this notice please contact QA Specialist, Connie Brown @ (336) 641-8017. For questions about the Community Support appeal process or the petition, please contact the DHHS Hearing Office at (919) 647-8200. For questions about the appeal process for services other than Community Support, contact the DMH/DD/SAS Operations Section at (919) 715-2780.