STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411156	A. BUILDING: _____ B. WING _____	04/18/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEDRICK'S PLACE	1210 TERRELL DRIVE HIGH POINT, NC 27262

(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 was attempted on 4/18/2018. According to the Owner, there are no clients being served at the facility. No clients have been served at the facility since the facility was initially licensed on 10/25/2017. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. Interview on 4/18/2018 with the Owner revealed: - The facility had received its license in October of 2017; - No clients had yet been admitted to the facility; - The Owner was scheduled to meet with the sister of a potential client today; - The Owner would notify the Division of Health Service Regulation when a client was admitted to the facility.	V 000		