STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-012	A. BUILDING: _____ B. WING _____	C 11/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLY ANGELS, INC-MORROW CENTER	6600 WILKINSON BOULEVARD BELMONT, NC 28012

(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 A complaint and follow-up survey was completed on 11/27/18. The complaint (#NC00143555) was unsubstantiated. No deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 27G .2200 Before/After School and Summer Developmental Day Services for Children with Developmental Delays; .2300 Adult Developmental Vocational Programs; .5400 Day Activity; .2100 Specialized Community Residential Center; .5100 Community Respite Services.	V 000		