

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2018
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NAME OF PROVIDER OR SUPPLIER KERR HOMES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5518 STONE BLUFF COURT CHARLOTTE, NC 28214
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was attempted on December 17, 2018. According to the Licensee there are no clients being served at the facility.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adult Individuals with Developmental Disabilities.</p> <p>Interview on 12/17/18 with the Licensee revealed: -Client was discharged from the facility last month; -No clients had been admitted since the discharge last month.</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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