

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL083-029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/09/2019
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NAME OF PROVIDER OR SUPPLIER RAINBOW 66 STOREHOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 22521 BUNCH ROAD LAUREL HILL, NC 28351
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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 April 9, 2019. According to the Regional Director there are no clients being served at the facility. The last time clients were served at the facility was February 6, 2018.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>Observation on 04/09/19 of the facility at approximatley 10:00am revealed: - No one at the facility. - No response to the front door or side door. -Grass in front lawn above ankles in height.</p> <p>Telephone interview on 04/09/19 the Regional Director stated: -No clients were residing at the facility since 02/06/18. -The former resident/client was transferred to a sister facility on 02/06/18 and discharged from the current facility. -The Regional Director agreed to contact DHSR if/when any client(s) were admitted to the facility.</p>	V 000		

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