Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL083-029	A. BUILDING: _____ B. WING _____	06/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW 66 STOREHOUSE, INC	22521 BUNCH ROAD LAUREL HILL, NC 28351

(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 survey was attempted on June 11, 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. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. Observation on 06/11/19 of the facility at approximatley 10:00am revealed: - No one at the facility. - No response to the front door or side door of the facility. -Grass in front lawn above ankles in height. Telephone interview on 06/11/19 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.	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE