

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601394	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2019
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NAME OF PROVIDER OR SUPPLIER ROYAL CHILD	STREET ADDRESS, CITY, STATE, ZIP CODE 6625 SULLINS ROAD 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 9/11/19. According to the Licensee, there are no clients being served at the facility and no clients have been served at the facility since initial licensure on 1/28/19.</p> <p>Observations on 9/11/19 at 11:10am revealed: -lawn overgrown and not mowed; -vehicle parked in driveway with no tags; -no one on site; -notice from local energy company stuck in the front door.</p> <p>Review on 9/11/19 of the notice from the local energy company revealed the following documented: -interruption of service with date of 9/4/19; -\$119.00 due to reconnect service.</p> <p>Attempted phone call on 9/11/19 to the facility's phone number listed on the 2019 license was unsuccessful as the phone number was disconnected.</p> <p>Interview on 9/11/19 with the Licensee revealed: -not serving clients at the facility; -still working on getting clients; -not had any clients since initial licensure; -working with the local management entity to try to get some clients.</p>	V 000		

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