STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601444	A. BUILDING: _____ B. WING _____	R 03/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEPHEN GREAVES	**4054 MAYBERRY LANE CHARLOTTE, NC 28212**

(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 follow up survey was attempted on 3-25-21. According to the licensee there were no clients being served at the facility. The last time were served at the facility was 12-14-20. Interview on 3-25-21 with the Executive Director revealed: They had not placed a new client at that facility. They were waiting to see how the investigations turn out. Documentation provided that they have retrained the AFL (Alternative Family Living) provider Evidenced Based Protective Interventions, Crisis Intervention for Individuals with Developmental Disabilites, Principles and Practices of Effective Direct Support, Ethical Decision making, Client/Patient Rights, Incident Reporting Informed Training, and Writing Effective Incident Reports.	V 000		