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
	MHL096-257	A. BUILDING: ______ B. WING ______	R 08/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTINGTON	**215 DARRELL ROAD** **LA GRANGE, NC 28551**

(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 and follow up survey was attempted 8/04/21. According to the Service Coordinator/Qualified Professional there are no clients being served at the facility. The last time clients were served at the facility was April 2020. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. Observation on 8/04/21 at approximately 10:45 am revealed no one at the facility; all of the window blinds were closed; grass covered the driveway. During interview on 8/04/21 the Service Coordinator/Qualified Professional stated clients from a sister facility stayed at Huntington 12/28/19 - 4/30/20 while renovations were being completed at the sister facility. No clients had been served at Huntington since that time. The facility was "move in ready" and would be "re-opened" should the Licensee receive referrals for placement.	V 000		

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