| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL0601464 | A. BUILDING: _____ B. WING _____ | 11/08/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ROPES, INC | 10721 GLENLUCE AVENUE CHARLOTTE, NC 28213 |

| (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<br><br>A annual was attempted on 11/08/2021. According to the facility's Executive Director there are no clients being served at the facility. The facility had not served clients since being licensed effective October 15, 2020.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability.<br><br>Interview on 11/08/2021 with the facility's Executive Director (ED) revealed:<br>-No clients served at the facility in the last year.<br>-2 clients expected to be admitted at the facility today (11/08/2021).<br>-No client records at the facility for review due to no client status.<br>-No staff records at the facility.<br>-All staff records are stored at the corporate office. | V 000 | | |