STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-417	A. BUILDING: _____ B. WING _____	C 12/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONG HOME	25 PINE KNOLL STREET ASHEVILLE, NC 28806

(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 complaint survey was conducted on December 7, 2021. The complaint was unsubstantiated (NC#180078). No deficiencies were cited. An annual survey was attempted on December 1, 2021. According to facility staff, there are no clients being served at the facility. The last time a client was at the facility was August 9, 2021. This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living for Individuals of all Disability Groups/Alternate Family Living. Interview on 12/1/21 at 11:55am with facility staff #1 revealed: -there were no clients currently at the facility; -the last client was discharged in August 2021; -they are licensed for two clients.	V 000		