STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-159	A. BUILDING: _____ B. WING _____	02/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAMANCE ACADEMY, LLC	723 NORTH FISHER STREET BURLINGTON, NC 27217

(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 on 2/3/22. According to the Program Director there are no clients being served at the facility. The last time clients were served at the facility was 4/15/21. This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents. Observation of the facility on 2/3/22 at approximately 9:40 AM revealed: The home appeared to be empty. There were no staff and/or clients present at the group home. Interview with the Program Director on 2/3/22 revealed: The group home did not have any clients living there. The group home had no clients since around April 15, 2021. She just recently submitted a change of licensure for the group home about two weeks ago.	V 000		