| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL0601446 | A. BUILDING: _____ B. WING _____ | 02/09/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SEALEY HOME | 2125 PIMPERNEL ROAD 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>An annual survey was attempted on 2/9/22. According to the Director, there are no clients being served at the facilty. There have been no clients served at the facility since the date of initial licensure.<br><br>This facilty is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.<br><br>Interview on 2/9/22 with the Director revealed:<br>-no clients have been served in the facility since it was licensed;<br>-in the process of interviewing clients for possible placement;<br>-attempting to find the right match for the home;<br>-hopefully will have clients soon. | V 000 | | |