STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601445	A. BUILDING: _____ B. WING _____	02/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE DUPONT HOME	11007 DEKALB PLACE CHARLOTTE, NC 28262

(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 survey was attempted on 2/28/22. According to Administrative Staff, there are no clients being served at the facilty. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living(AFL) Interview on 2/28/22 with Administrative Staff revealed no clients have been served at this facility since the last attempted annual on 8/30/21. Interview on 2/28/22 with the AFL Provider revealed: -not serving any clients in the home; -looking for just the right match for the home; -hope to have a client soon.	V 000		