STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601462	A. BUILDING: _____ B. WING _____	04/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARISE BRYANT	9545 WEIKERT ROAD CHARLOTTE, NC 28215

(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 4-6-22. According to the Director there are no clients being served at this facility. The last time clients were served at the facility was 3-11-22. This facility is licensed for the following service category: 10 A NCAC 27G 5600F Supervised Living For All Disability groups in a Private Residence. Interview on 4-6-22 with the Director revealed that the Alternative Family Living provider had to have surgery so they had to move the clients. At this point, she was unsure if they would be putting clients back at the facility	V 000		