| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL084-030 | A. BUILDING: _____ B. WING _____ | 04/26/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOLBROOK HOME | 112 LINWOOD DRIVE ALBEMARLE, NC 28001 |

| (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 was attempted on 4/26/22. According to the Chief Regulatory Officer there are no clients being served at the facility. The last time clients were served at the facility was 1/25/22.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.<br><br>4/26/22 Observation of the facility at approximately 5:15 pm revealed- There were no clients and/or staff present at the facility.<br><br>4/26/22 Interview with the Chief Regulatory Officer revealed the license for the facility was current. They were still trying to determine what they will be doing with this facility. | V 000 | | |