

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/14/2022
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NAME OF PROVIDER OR SUPPLIER HUNT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 339 ABBID STREET LEXINGTON, NC 27292
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was attempted on 6/14/2022. According to the AFL Provider, there are no clients being served at the facility. The last time clients were served at the facility was 11/17/2021.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>Review on 6/14/2022 of Deceased Client (DC) #1 admission date 1/14/2014. - Diagnoses: Severe Intellectual Disabilities; Anxiety Disorder, unspecified; Other mixed anxiety disorders; Dementia in other diseases classified elsewhere with behavioral disturbance - Discharge from the facility on 11/17/2021. - A death certificate that revealed date of death was 12/10/2021 with cause of death listed as generalized geriatric decline and Dementia.</p> <p>Interview on 6/14/2022 with the AFL Provider revealed: - DC #1 had lived at the facility since 1/14/2014. - DC #1 was 86 years old and had dementia. - DC #1 was transferred to a nursing facility in November of 2021. - DC #1 died on 12/10/2021. - There were currently no other clients in the facility. - She did plan to admit clients when an appropriate referral for admission was received.</p>	V 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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