

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/15/2022
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NAME OF PROVIDER OR SUPPLIER ANDREWS DRIVE FAMILY CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2621 ANDREWS DRIVE SANFORD, NC 27332
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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>A follow-up survey was attempted on July 15, 2022. According to the Licensee, there are no clients being served at the facility. The last time clients were served at the facility was November 2021.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>Observation on 7/15/22 at approximately 9:15 am, the group home appeared to be empty. There were several boxes left at the front and side doors. There were no clients and/or staff present.</p> <p>Interview with the Licensee- There were no clients currently living at the facility. Last client served was November 2021. Plans were to reopen the facility in September of 2022. They would be hiring new staff and registering new clients.</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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