Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL053-082	A. BUILDING: ______ B. WING ______	09/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANDREWS DRIVE FAMILY CARE FACILITY	**2621 ANDREWS DRIVE SANFORD, NC 27332**

(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 September 21, 2022. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was 2021. The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. Observation on 9/21/22 at 11:45am, the group home appeared to be empty. There were no vehicles in the driveway. There were no clients or staff present. Several delivered boxes were stacked on the front steps and side steps of the home. Interview with the Licensee: No clients had been served in the group home since November 2021. The penalty on the home should be lifted by now. The plan is to renew the license for 2023. He will have staff to come and pick up the boxes on the front and side steps.	V 000		

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