

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-112	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/07/2023
NAME OF PROVIDER OR SUPPLIER ANN'S LAKE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 51 S LAKE LODGE EXT (SOUTH) HENDERSON, NC 27537		
(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 3/7/23. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was 1/5/23.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>Visit to the facility on 2/28/23 no one was home. Contacted the corporate office and left messages for messages for several staff in management and no calls returned. Visit to the facility on 3/7/23 revealed the facility empty with a handy man present fixing a water leak. The handy man stated he was sent by the landlord to repair the leak and floors. The handy man stated he had turned the water off a week ago to do the repairs. The handy man stated the tenants had moved out. Telephone call with the Licensee stated they had moved the client out on 1/5/23. Currently no clients being served in the facility. The Licensee stated they are still under lease for the home and not sure if they are going to admit new clients or turn the current license in. The Licensee stated she would know in the next few weeks if she plans to move clients back in the home.</p>	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE