STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL076-135	A. BUILDING: _____ B. WING _____	R 06/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROL'S FAMILY CARE	**6136 ASHBROOK CIRCLE ARCHDALE ARCHDALE, NC 27263**

(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 and follow survey was completed on June 5, 2023. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living: Alternative Family Living in a Private Residence. This facility is licensed for three beds and currently has a census of three. The survey sample consisted of 3 current clients.	V 000		