STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL040-028	A. BUILDING: _____ B. WING _____	07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KRYSTAL'S HOUSE LLC	83 WHITE HORSE RD PIKEVILLE, NC 27863

(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 up survey was attempted on July 6, 2023. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was in April 2023. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults of Mental Illness. Interview on 07/06/23 the Licensee stated: - She did not currently serve clients at the facility. - Her last client at the facility was discharged in April 2023. - She hoped to transfer the license to another provider. - She was aware to notify the Division of Health Service Regulation if clients were admitted.	V 000		