

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2023
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NAME OF PROVIDER OR SUPPLIER HOLBROOK HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 112 LINWOOD DRIVE ALBEMARLE, NC 28001
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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>An annual was attempted on July 25, 2023. According to the Chief Regulatory Officer there are no clients being served at the facility. The last time clients were served at the facility was 7/19/22.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>Interview on 7/25/23 with the Chief Regulatory Officer revealed: There were no clients residing at Holbrook Home. One of their sister facilities was being renovated. The 3 clients from the sister facility did an emergency relocation to Holbrook Home on 3/31/23. Those clients were never admitted to Holbrook Home. The clients from the sister facility left Holbrook Home on 5/15/23 after the renovations were completed. The last resident who was admitted and lived at Holbrook Home was discharged on 7/19/22.</p>	V 000		

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