STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-012	A. BUILDING: _____ B. WING _____	02/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLY ANGELS, INC-MORROW CENTER	6600 WILKINSON BOULEVARD BELMONT, NC 28012

(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 A complaint survey was completed on 2-21-24. The complaint was unsubstantiated (#NC00212711. No deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .2200 Before/After School and Summer Developmental Day Services for Children with or at Risk for Developmental Delays, Developmental Disabilities, or Atypical Development, 10A NCAC 28 G 2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities, 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups, 10A NCAC 27G .2100 Specialized Community Residential Centers for Individuals with Developmental Disabilities. This facility is licensed for forty-five and currently has a census of eighteen The survey sample consisted of audits of one former client.	V 000		