Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL079-082	A. BUILDING: _____ B. WING _____	03/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMITHS FARMS	2660 SMITH ROAD STONEVILLE, NC 27048

(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 survey was attempted on 3/4/24. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was 1/18/24. This facility is licensed for the following service 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. Interview on 3/4/24 with Qualified Professional revealed: -AFL provider had health issues. -Clients moved into different facilities approximately 3 weeks ago. Interview on 3/4/24 with the Director revealed: -AFL provider had health issues and could not service the clients. -The AFL license will be transferred to another provider. -The clients went to other providers in January 2024. -Clients were officially discharged 1/19/24. -No clients are being serviced currently at this AFL.	V 000		