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
	MHL079-137	A. BUILDING: ______ B. WING ______	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOYD HOME	**115 BOYD STREET EDEN, NC 27288**

(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	V 000		

An annual survey was attempted on 4/16/24. According to the Owner/Director, there are no clients being served at the facility. The last time clients were served at the facility was on 5/23/23.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.

Observation of the facility on 4/16/24 at 11:25 am revealed:
- No vehicles at the facility
- No answer at the front or side door of the facility

Interview on 4/16/24 with the Owner/Director revealed:
- There had been three clients at the facility; however, all three had been discharged from the facility on 5/23/23
- No other clients had been served at the facility since May of 2023
- The license for this facility was currently in the process of being "changed from a 5600C (Supervised Living for Adults with Developmental Disabilities) to a 5600F (Supervised Living/Alternative Family Living)."

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