## PRINTED: 07/19/2024 FORM APPROVED

T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING DDRESS, CITY, STATE, ZIP CODE			(X3) DATE SURVEY COMPLETED	
	MHI 032-596			07/19/2024		
ROVIDER OR SUPPLIER						
VE SOLUTION			VE			
(X4) IDSUMMARY STATEMENT OF DEFICIENCIESPREFIX(EACH DEFICIENCY MUST BE PRECEDED BY FULLTAGREGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	DN SHOULD BE COMPLETE HE APPROPRIATE DATE	
(EACH DEFICIENCY MUST BE PRECEDED BY FULL		1				
	OF CORRECTION PROVIDER OR SUPPLIER VE SOLUTION SUMMARY STA (EACH DEFICIENCY REGULATORY OR L INITIAL COMMENT An annual survey w 2024. According to clients being served clients being served clients were at the f This facility is licens category: 10A NCA Living: Alternative F Residence. Interview on 7/19/2 revealed: -He was not home -He did not have ar -His last client was February of 2024. -He was planning to future, but was givin -He wanted to start sometime in the Wi 2024 or January 20 -Licensee was infor Piedmont Team Su	OF CORRECTION       IDENTIFICATION NUMBER:         MHL032-596         PROVIDER OR SUPPLIER       STREET A         228 SOUDURHAM       228 SOUDURHAM         VE SOLUTION       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         INITIAL COMMENTS       An annual survey was attempted on July 19, 2024. According to the Licensee, there are no clients being served at the facility. The last time clients were at the facility was in February, 2024.         This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence.         Interview on 7/19/24 at 9:05 am with the Licensee revealed: -He was not home and on his way out of town. -He did not have any clients at the facility. -His last client was discharged from the facility on February of 2024. -He was planning to provide services again in the future, but was giving himself some time off. -He wanted to start receiving new clients again sometime in the Winter. Probably December 2024 or January 2025. -Licensee was informed to contact South Piedmont Team Supervisor once new clients	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL032-596       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         228 SOUTH BEND DRIVE DURHAM, NC 27713         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF (EACH OCRECTIVE AC CROSS-REFERENCED TO DEFICIENCY         INITIAL COMMENTS       V 000         An annual survey was attempted on July 19, 2024. According to the Licensee, there are no clients being served at the facility. The last time clients were at the facility was in February, 2024.       V 000         This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence.       Interview on 7/19/24 at 9:05 am with the Licensee revealed: -He was not home and on his way out of town. -He did not have any clients at the facility on February of 2024. -He was glanning to provide services again in the future, but was giving himself some time off. -He wanted to start receiving new clients again sometime in the Winter. Probably December 2024 or January 2025. -Licensee was informed to contact South Piedmont Team Supervisor once new clients	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:       COM         MHL032-596       B. WING       07/         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       228 SOUTH BEND DRIVE         VE SOLUTION       228 SOUTH BEND DRIVE       DURHAM, NC 27713         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX       PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         INITIAL COMMENTS       V 000         An annual survey was attempted on July 19, 2024. According to the Licensee, there are no clients being served at the facility. The last time clients were at the facility was in February, 2024.       V 000         This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence.       Interview on 7/19/24 at 9:05 am with the Licensee revealed: -He was not home and on his way out of town. -He was not home and on his way out of town. -He was planning to provide services again in the future, but was gliving himself some time off. -He was planning to provide services again in the future, but was gliving himself some time off. -He was planning to provide services again in the future, but was gliving himself some time off. -He was iphormed to contact South Piedmont Team Supervisor once new clients	