STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL019-068	A. BUILDING: _____ B. WING _____	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA HOUSE	7200 NC HIGHWAY 751 DURHAM, NC 27713

(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 July 25, 2024. According to the Chief Executive Officer, there are no clients being served at the facility. The last time clients were served at the facility was April 2024. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. Interview on 7/25/24 at about 10:15 am with the Chief Executive Officer revealed: -Facility pretty much acted as an overflow for sister facility located about a mile away. -Whenever sister facility had more than 16 clients, they would then move clients to this facility. -Last time they served clients at this facility was April of 2024. -Chief Executive Officer to contact Division Health Services and Regulations whenever they re-start servicing new clients at this facilty.	V 000		