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
	MHL029-147	A. BUILDING: ____ B. WING ____	10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNT HOME	339 ABBID STREET LEXINGTON, NC 27292

(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 annual was attempted on October 10, 2024. According to the Quality Management Director and the AFL provider there are no clients being served at the facility. The last time clients were served at the facility was October 31, 2023. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised living for Alternative Family Living. Interview on 10/7/24 with the AFL Provider revealed: -No clients have been served at this facility since 10/31/23. -Did not know if the licsene would be turned in or if more clients would be served at the facility. Interview on 10/7/24 with the former Qualified Professional revealed: -No longer working at the management company. -Does not know who the new Qualified Professional is assigned to this facility. -Unable to contact after this day, has not returned phone calls. Interview on 10/10/24 with the Quality Management Director revealed: -No clients are currently being served at this facility. -The facility had denied several potential placements after 10/31/23. -The facility will not be renewing the license this year.	V 000		

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