

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
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NAME OF PROVIDER OR SUPPLIER ASHLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 3416 ASHLEY VIEW DRIVE CHARLOTTE, NC 28213
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was attempted on October 16-17, 2024. According to Kerr Homes, Incorporated there are no clients being served at the facility. The last time clients were served at the facility was June 30, 2024.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living for Alternative Family Living.</p> <p>Review on 10-17-24 of Former Client #1's record revealed: -Date of Admission: 4-18-21. -Diagnoses: Unspecified Intellectual Developmental Disability, Major Depressive Disorder, Intermittent Explosive Disorder, Insomnia, and Obesity. -Date of Discharge: 6-30-24.</p> <p>Interview on 10-16-24 with the Qualified Professional revealed: -The facility currently was not serving any clients. -The last client served was discharged on 6-30-24. -The Alternative Family Living (AFL) provider owned the home and was believed to be selling the home. -The Licensee was in the process of transferring the licensee to another location. -The last client served moved into an unlicensed AFL home.</p>	V 000		

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