STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601314	A. BUILDING: _____ B. WING _____	R 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEFFERY EVANS HOME	3410 CHARTERHALL LANE CHARLOTTE, NC 28215

(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 attempted annual and follow up survey was attempted on October 15, 2024. According to the AFL provider there are no clients being served at the facility. The last time the clients were served at the facility was June 22, 2024. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. Interview on 10/14/24 with the AFL provider revealed: -no longer served clients in the home and had resigned. -the last two clients left on June 22, 2024. Review on 10/14/24 and 10/15/24 of Former Client (FC) #1's record revealed: Admission Date: 8/1/17. Diagnoses: Mild Intellectual Disabilities (IDD), Intermittent Explosive Disorder (D/O); Polydipsia; Other Polyuria; Allergic Rhinitis; Vitamin D deficiency Unspecified; Bipolar D/O, Other Obesity; and Suicidal Ideations. Review on 10/14/24 and 10/15/24 of FC #2's record revealed: Admission Date: 8/31/16. Diagnoses: Moderate IDD, Impulse D/O Unspecified; Adjustment D/O with Mixed Anxiety and Depressed Mood; Post Traumatic Stress Disorder; Major Depressive D/O; Type 2 Diabetes Mellitus Without Complications; Benign Intracranial Hypertension; and Mild Asthma, uncomplicated. Interview on 10/14/24 with the Licensee revelaed: -The clients had been moved to separate unlicensed facilities at this time.	V 000		

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