## PRINTED: 12/27/2024 FORM APPROVED

NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 12/20/2024		
	MHI 090-223					
		ET ADDRESS, CITY, STATE, ZIP CODE		12/		
N YEARS			WS LOOP			
) ID SUMMARY STATEMENT OF DEFICIENCIES FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL G REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	ON SHOULD BE COMPLET IE APPROPRIATE DATE		
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	PROVIDER OR SUPPLIER SUMMARY ST/ (EACH DEFICIENC REGULATORY OR L INITIAL COMMEN An annual and com on December 20, 2 unsubstantiated (in deficiencies were c This facility is licen category: 10A NCA Living: Alternative I Residence. This facility is licen census of 3. The s	I OF CORRECTION       IDENTIFICATION NUMBER:         MHL090-223         PROVIDER OR SUPPLIER       STREET A         1048 SC       MONRO         SUMMARY STATEMENT OF DEFICIENCIES       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         INITIAL COMMENTS       An annual and complaint survey was completed on December 20, 2024. The complaint was unsubstantiated (intake #NC00224837). No deficiencies were cited.         This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private	IDENTIFICATION NUMBER:       A. BUILDING:         MHL090-223       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, S         YEARS       1048 SCOTCH MEADO MONROE, NC 28110         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         INITIAL COMMENTS       V 000         An annual and complaint survey was completed on December 20, 2024. The complaint was unsubstantiated (intake #NC00224837). No deficiencies were cited.       V 000         This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence.       This facility is licensed for 3 and has a current census of 3. The survey sample consisted of	IOF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:	I OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:       COM         MHL090-223       B. WING       12/         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       12/         YEARS       1048 SCOTCH MEADOWS LOOP MONROE, NC 28110       PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLAN OF CORRECTION ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         INITIAL COMMENTS       V 000       V 000       V 000         An annual and complaint survey was completed on December 20, 2024. The complaint was unsubstantiated (intake #NC00224837). No deficiencies were cited.       V 000       V 000         This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence.       This facility is licensed for 3 and has a current census of 3. The survey sample consisted of       Internative family consisted of	