

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/13/2025
NAME OF PROVIDER OR SUPPLIER CEDAR PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1103 CENTER CHURCH ROAD EDEN, NC 27288		
(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 1/13/25. According to the Qualified Professional, there are no clients being served at the facility. The last time clients were served at the facility was 6/14/24.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>Observation of the facility on 1/13/25 at 1 pm revealed:</p> <ul style="list-style-type: none"> - No vehicles in the driveway - An overturned green garbage can at the end of the facility's driveway - No evidence of any footprints or tire impressions in the snow in the facility's driveway or the yard <p>Interview on 1/13/25 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - No clients were currently being served at the facility - The last time clients were served at this facility was on 6/14/24 - Someone would notify the Division of Health Service Regulation once clients were admitted to the facility 	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE