

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER HOLBROOK HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 112 LINWOOD DRIVE ALBEMARLE, NC 28001		
(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 January 29, 2025. According to the Facilities Director, there are no clients being served at the facility. The last time clients were served at the facility was February 2024.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>Interview on 1/29/25 with the Facilities Director revealed:</p> <ul style="list-style-type: none"> -The facility was in the process of changing location. -Building was recently sold (11/2024). -Licensee had been in communication with Division of Health Services and Regulations (DHSR) about the change of location. -Facility last served clients February 2024. At that time, one of the clients had passed away and the other client was transferred to a sister facility. -Soon after the last client transferred out, DHSR construction unit came to the facility and surveyed. -It was discovered that the windows that had been recently changed, did not meet code and had to be replaced. -Replacing all windows again was going to be too much money, so licensee decided to sell the property. 	V 000		

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

TITLE

(X6) DATE