STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601405	A. BUILDING: _____ B. WING _____	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE TWENTY-ONE	1131 BOXELDER LANE CHARLOTTE, NC 28262

(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 annual survey was attempted on 2-6-25. According to the President there are no clients being served at the facility. The last time clients were served at the facility was 1-17-25. This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living for Alternative Family Living. Interview with the President on 1-18-25 revealed: -Former Client #1 was in the hospital having a brain operation and then would be recovering with her family. Interview on 2-6-25 with the President revealed: -Former Client #1 had passed away and the Alternative Family Living provider had told him she wanted to wait before getting another client.	V 000		