STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601306	A. BUILDING: _____ B. WING _____	R 12/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HINDS' FEET FARM, INC-HART COTTAGE	14525 BLACK FARMS ROAD HUNTERSVILLE, NC 28070

(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 A follow up survey was completed on 12-8-23. No deficiencies were cited. This facility is licensed for the following services category: 10A NCAC 27G .5600C Supervised living For Adults With Developmental Disabilities. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 1 current client.	V 000		