STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601526	A. BUILDING: _____ B. WING _____	03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JANICE INGRAM HOME	511 WEST ROCKY RIVER ROAD CHARLOTTE, NC 28213

(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 was attempted on 3/11/25. According to the Clinical Director there are no clients being served at the facility. The last time clients were served at the facility was 3/1/25. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. Interview on 3/11/25 with the Clinical Director revealed: - The facility had not served clients since 3/1/25. Review on 3/11/25 of former client #1's record revealed: - Admission Date: 12/31/23 - Discharge Date: 3/1/25 - Diagnoses: Mild Intellectual Disability; Cerebral Palsy; Anxiety; Depression; and Post-Traumatic Stress Disorder	V 000		