

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601542	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2025
NAME OF PROVIDER OR SUPPLIER PERFECT PEACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2319 GOOSEBERRY ROAD CHARLOTTE, NC 28203		
(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 3/10/25. According to the Business Manager (BM) for the Licensee and the Program Director (PD) there are no clients being served at the facility. The last time a client was served at the facility was on 1/28/25.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence.</p> <p>Interview on 3/10/25 with the BM for the Licensee revealed:</p> <ul style="list-style-type: none"> - There were no clients currently being served at the facility - The AFL (Alternative Family Living) provider died in the hospital on 1/29/25 - The PD had submitted the necessary paperwork to the Division of Health Service Regulation (DHSR) regarding plans to close the facility and surrender its license due to the death of the provider <p>Interview on 3/10/25 with the PD revealed:</p> <ul style="list-style-type: none"> - Confirmation of what the BM reported - He had sent the required notification to DHSR regarding the pending closure of the facility due to the death of the AFL provider and plans to surrender the license <p>Interview on 3/10/25 with an Administrative Assistant (AA) with DHSR revealed:</p> <ul style="list-style-type: none"> - Had received notification of the pending closure/surrender of license for the facility from the PD on 2/24/25 with the effective date of closure being 3/24/25 <p>Review on 3/10/25 of a flyer provided by the BM</p>	V 000		

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

TITLE

(X6) DATE

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V 000	Continued From page 1 revealed: - The AFL provider's date of death was listed as 1/29/25 - His funeral was held on 2/23/25 Review on 3/10/25 of an email sent to the AA by the PD on 2/24/25 revealed: - "The Care Provider at the following MHL (Mental Health License) # has passed away and the consumer that was in the home has Moved. We would like to discontinue the following License: [MHL number; name and address of the facility]. The Effective date of closure will be 3/24/25."	V 000		