Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601444	A. BUILDING: _____ B. WING _____	03/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEPHEN GREAVES	**4054 MAYBERRY LANE CHARLOTTE, NC 28212**

(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 3/10/25. According to the Qualified Professional (QP), there are no clients being served at the facility. The last time a client was served at the facility was on 2/2/25. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Daily Living in a Private Residence. Interview on 3/10/25 with the QP revealed: - The last time a client was served at the facility was on 2/2/25 - Notification would be made to the Division of Health Service Regulation once a client was admitted to the facility	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE