Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 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) 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.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STEPHEN GREAVES 4054 MAYBERRY LANE CHARLOTTE, NC 28212 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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			MHI 0601444	B. WING		03/1	0/2025	
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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		An annual survey was According to the Quathere are no clients. The last time a clien was on 2/2/25. This facility is licens category: 10A NCA Living: Alternative Expension Residence. Interview on 3/10/29 The last time a facility was on 2/2/20 Notification would health Service Reg	vas attempted on 3/10/25. ualified Professional (QP), being served at the facility. In the was served at the facility sed for the following service C 27G .5600F Supervised Daily Living in a Private 5 with the QP revealed: client was served at the client was served at the client was served at the did be made to the Division of collection once a client was					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE