

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601552	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER THE WHITE HOME-A CARING HANDS SITE		STREET ADDRESS, CITY, STATE, ZIP CODE 1907 ARBOR VISTA DRIVE CHARLOTTE, NC 28262		
(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>A annual survey was attempted on April 2, 2025. According to the Licensee, there are no clients being served at the facility. The last time clients were served at the facility was in October 2023.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>Interview on April 2, 2025 with the Licensee revealed she moved from the facility's location about a year ago in February 2025, and she was no longer doing Alternative Family Living (AFL) work. She stated she was asked to care for clients who were at a higher level of care and she was not able to provide a high level of client care. She bowed out of AFL work and she was not providing AFL or group home services elsewhere.</p>	V 000		

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

TITLE

(X6) DATE