PRINTED: 04/03/2025 FORM APPROVED

Division of Health Service Regulation

MHL0601552  B. WING	COMPLETED	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		NT OF DEFICIENCIES OF CORRECTION		
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 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)  PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE  DATE	ILDING.	A. BOILDING				
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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.  This facility is licensed for the following service category: 10A NCAC 27G.5600F Supervised Living for Alternative Family Living.  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.			attempted on April 2, 2025. Insee, there are no clients acility. The last time clients cility was in October 2023.  In the following service 27G .5600F Supervised Family Living.  In the facility's location February 2025, and she was Inative Family Living (AFL) In was asked to care for In higher level of care and she Indeed a high level of client care. In the facility's location In the facility is locat	A annual survey was According to the Lice being served at the fawere served at the factor of the served at the served of the ser		

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

TITLE (X6) DATE