

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/09/2025
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NAME OF PROVIDER OR SUPPLIER CHARLES ROAD A	STREET ADDRESS, CITY, STATE, ZIP CODE 829-1 CHARLES ROAD A SHELBY, NC 28152
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(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 and follow up survey was completed on April 9, 2025. According to Comserv, Inc., there are no clients being served at the facility. The last time clients were served at the facility was February 10, 2025.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is located in the same building as two sister facilities. The sister facilities will be identified as sister facility B and sister facility C.</p> <p>Review on 4-8-25 of Deceased Client #1's record revealed: -Date of Admission: 7-2-1991. -Diagnoses: Severe Intellectual Developmental Disabilities. -Date of Discharge: 11-1-24. -Discharge Summary: client fell in his room on 9-28-24 and went to the hospital. He had a fractured hip. It was determined later that he needed a higher level of care and was discharged on 11-1-24.</p> <p>Interviews on 4-8-25 and 4-9-25 with the Qualified Professional revealed: -There were no clients currently being served at the facility. -Deceased Client #1 was discharged from the facility in November 2024 and passed away in January 2025. -The other clients in the facility moved to sister facility B and sister facility C in February 2025.</p> <p>Interviews on 4-8-25 and 4-9-25 with the Regional Director revealed: -There were no clients currently being served at</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 000	Continued From page 1 the facility. -Deceased Client #1 had recently passed away after having been discharged from the facility. -Felt it would be a better fit to move the clients from Charles Road A into sister facility B and sister facility C. -The clients moved to the sister facilities in February 2025.	V 000		