Division of Health Service Regulation

MHL0801538 B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X) A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6346 MORNINGVIEW COURT CHARLOTTE, NC 28269 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual and follow-up survey was attempted on 3/28/25. According to the Owner there are no clients being served at the facility. The last time clients were served at the facility was 12/27/23. The facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability. Interview on 3/28/25 with the Owner revealed: -No clients had been served since the last survey on 4/17/24; -The last time a client was served in the facility was 12/27/23. -She was in the process of moving the facility to a						R	R	
WINGS GROUP HOME LLC (XA) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) (X6) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS An annual and follow-up survey was attempted on 3/28/25. According to the Owner there are no clients being served at the facility. The last time clients were served at the facility was 12/27/23. The facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability. Interview on 3/28/25 with the Owner revealed: -No clients had been served since the last survey on 4/17/24; -The last time a client was served in the facility was 12/27/23; -She was in the process of moving the facility to a	MHL0601538		B. WING		1			
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE