STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL079-053	A. BUILDING: _____ B. WING _____	04/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR PLACE	1103 CENTER CHURCH ROAD EDEN, NC 27288

(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	INITIAL COMMENTS An annual survey was attempted on 4/22/25. According to the Qualified Professional (QP) and the Executive Director (ED), there are no clients being served at the facility. The last time clients were served at the facility was 6/14/24. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities. Observation of the facility on 4/22/25 at 10:15 am revealed: - No vehicles in the driveway - No answer at the door Interview on 4/22/25 with the QP revealed: - No clients were currently being served at the facility - The ED of the agency which owned the facility would be able to provide additional information regarding the plans for the facility Interview on 4/23/25 with the ED revealed: - No clients were currently being served at the facility - She had received referrals from Local Management Entities (LMEs) and hospitals for potential clients; however, she felt the clients had not been suitable for placement at the facility due to the severity of their behaviors and the level of supervision/treatment services the client(s) would require - Was "aggressively working with the LMEs" to find more suitable clients - Would notify the Division of Health Service Regulation once client(s) were admitted to the facility	V 000		