STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL084-030	A. BUILDING: _____ B. WING _____	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLBROOK HOME	112 LINWOOD DRIVE ALBEMARLE, NC 28001

(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 was attempted on June 6, 2025. According to the Qualified Professional there are no clients being served at the facility. The last time clients were served at the facility was 2/1/24. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability Observation on 6/6/25 at approximately 1:10 pm-There were no clients or staff present at the facility. On 6/6/25 the Qualified Professional stated the facility was closed and had no clients. There had been no clients at that facility since 2/1/24. On 6/6/25 the Chief Regional Officer stated they were not serving any clients at that facility. The facility needed a lot of repairs. The GHA board made the decision to sell the property. The license was renewed for 2025 because they may possibly transfer the license to another location.	V 000		