STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL063-112	A. BUILDING: _____ B. WING _____	07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALAN CIRCLE	1222 PEE DEE ROAD ABERDEEN, NC 28315

(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 July 9, 2025. According to the Licensee there are no clients being served at the facility. The last time clients were served were at the facility was April 30, 2025. The facility is licensed for following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. Upon arrival to the home, grass was tall and unkept. Surveyor went to knock on the door and cobwebs around the door entrance. No vehicle or people were present at the facility. Surveyor spoke with Director of Insurance, Licensure and Regulatory and sharing the home was closed. She apologized for not having submitted the license but would complete the paperwork by tomorrow. Shared that one client discharged to another provider and the other client transitioned to another within the agency.	V 000		