Division of Health Service Regulation

MHL063-112 Name of Provider or Supplier STREET ADDRESS, CITY, STATE, ZIP CODE 1222 PEE DEE ROAD ABERDEEN, NC 28315	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
ALAN CIRCLE 1222 PEE DEE ROAD ABERDEEN, NC 28315 (X4) ID PREFIX (EACH OBEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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	MHL063-112		B. WING		07/09/2025			
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE