STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL080-238	A. BUILDING: _____ B. WING _____	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE STARR BAILEY AGENCY	813 NORTH LEE STREET SALISBURY, NC 28144

(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 2, 2025. According to the Owner/Licensee there were no client being served at the facility. There had been no clients served at the facility since 4/11/25. This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability. Email on 7/2/25 at approximately 9:04pm from the Owner/Licensee revealed: -"I don't have any clients and never had any clients." Email on 6/25/25 at approximately 9:22am from the Owner/Licensee revealed: -The Owner/Licensee requested, "In the future she would need to schedule two days in advance. I have no clients, and haven't had any clients so I am not at my agency daily." Email on 6/24/25 to Owner/Licensee at approximately 5:04pm revealed: -Surveyor was at the facility to complete the annual survey; -Surveyor would be back at the facility on 6/25/25 at 9:30am.	V 000		