

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/04/2025
NAME OF PROVIDER OR SUPPLIER CEDAR PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>INITIAL COMMENTS</p> <p>An annual survey was attempted on 8/4/25. According to the Qualified Intellectual Disabilities Professional (QIDP), there are no clients currently being served at the facility</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with a Developmental Disability.</p> <p>Observation of the facility on 8/4/25 at 9:50 am revealed:</p> <ul style="list-style-type: none"> - No vehicles in the driveway - No answer at the door <p>Interview on 8/4/25 with the QIDP revealed:</p> <ul style="list-style-type: none"> - No clients were currently being served at the facility - A meeting regarding a potential client was scheduled for 8/6/25 - Once a client was admitted to the facility, the Division of Health Service Regulation would be notified - She and the Executive Director understood the facility needed to serve a client prior to the end of 2025 to ensure the facility's license could be renewed for 2026 	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE