

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-216	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2025
NAME OF PROVIDER OR SUPPLIER RICHMOND PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1425 VAUGHN ROAD BURLINGTON, NC 27217		
(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 August 8, 2025. According to the Chief Executive Officer (CEO)/Executive Director, there are no clients being served at the facility. The last time clients were served at the facility was March, 2025.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>Observations of the facility on 8/8/25 revealed:</p> <ul style="list-style-type: none"> -No vehicles observed in the driveway. -Notifications observed on the door and in the mailbox dating to June, 2025. -Cobwebs observed in between the storm door and front door, as well as on the mailbox. <p>Interview on 8/8/25 with the CEO/Executive Director revealed:</p> <ul style="list-style-type: none"> -There were no current clients at the facility. -The last time a client was served at the facility was around March of 2025. -She agreed to contact and inform the Division of Health Services and Regulations (DHSR) whenever new clients were admitted at the facility. 	V 000		

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

TITLE

(X6) DATE