

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-071	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/13/2025
NAME OF PROVIDER OR SUPPLIER SPARTA ROAD HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 77 SPARTA ROAD NORTH WILKESBORO, NC 28659		
(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 8/13/25. According to the Intellectual Developmental Disability (IDD) Administrator there are no clients being served at the facility. The last time clients were served at the facility was 2/1/25.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>Review on 8/13/25 of Former Client (FC) #1's record revealed: -Date of Admission 12/21/13. -Diagnoses of Mild IDD, Oppositional Defiant Disorder, Schizophrenia Disorder, Major Depression Disorder, Psychotic Disorder, Hypertension, Enuresis and Hemorrhoids. -Discharge date of 2/1/25.</p> <p>Interview on 8/13/25 with the IDD Administrator revealed: -no other clients were expected to be admitted to the facility. -she believed the licensee was going to let the license go and not renew for next year.</p>	V 000		

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

TITLE

(X6) DATE