STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601610	A. BUILDING: _____ B. WING _____	08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIZIONS CARE LLC (FACILITY 1)	424 LAKEWOOD AVENUE CHARLOTTE, NC 28208

(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 and complaint survey was completed on 8/19/25. The complaint was unsubstantiated (intake #NC00232105). No deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .5100 Community Respite Services for Individuals of all Disability Groups and 27.G .5600C Supervised Living for Adults with Developmental Disabilities. This facility has a current census of 1. The .5100 Community Respite Services for Individuals of all Disability Groups (Residential) has a current census of 1 current client and the .5600C Supervised Living for Adults with Developmental Disabilities has a current census of 0. The survey sample consisted of audits of 1 current client.	V 000		