PRINTED: 09/17/2025 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 829-1 CHARLES ROAD A SHELBY, NC 28152 ((X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual and follow up survey was attempted on September 17, 2025. According to the Regional Director there are no clients being served at the facility. Interview on 9/17/25 with the Regional Director revealed: -There were no clients currently residing at the facility. -No new admissions had occurred since the	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER CHARLES ROAD A SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (X4) ID PREFIX TAG (X9) ID PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY NAME OF PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY V 000 INITIAL COMMENTS An annual and follow up survey was attempted on September 17, 2025. According to the Regional Director there are no clients being served at the facility. The last time clients were served at the facility was February 10, 2025. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disability. Interview on 9/17/25 with the Regional Director revealed: -There were no clients currently residing at the facility.						R	
CHARLES ROAD A SHELBY, NC 28152 (X4) ID REFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual and follow up survey was attempted on September 17, 2025. According to the Regional Director there are no clients being served at the facility. The last time clients were served at the facility was February 10, 2025. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. Interview on 9/17/25 with the Regional Director revealed: -There were no clients currently residing at the facility.			MHL023-048	B. WING			
CHARLES ROAD A SHELBY, NC 28152 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual and follow up survey was attempted on September 17, 2025. According to the Regional Director there are no clients being served at the facility. The last time clients were served at the facility was February 10, 2025. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. Interview on 9/17/25 with the Regional Director revealed: -There were no clients currently residing at the facility.	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DATE V 000 INITIAL COMMENTS V 000 An annual and follow up survey was attempted on September 17, 2025. According to the Regional Director there are no clients being served at the facility. The last time clients were served at the facility was February 10, 2025. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. Interview on 9/17/25 with the Regional Director revealed: -There were no clients currently residing at the facility.	CHARLES ROAD A						
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual and follow up survey was attempted on September 17, 2025. According to the Regional Director there are no clients being served at the facility. The last time clients were served at the facility was February 10, 2025. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. Interview on 9/17/25 with the Regional Director revealed: -There were no clients currently residing at the facility.	SHELBY, NC 28152						
An annual and follow up survey was attempted on September 17, 2025. According to the Regional Director there are no clients being served at the facility. The last time clients were served at the facility was February 10, 2025. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. Interview on 9/17/25 with the Regional Director revealed: -There were no clients currently residing at the facility.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE COMPLETE	
September 17, 2025. According to the Regional Director there are no clients being served at the facility. The last time clients were served at the facility was February 10, 2025. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. Interview on 9/17/25 with the Regional Director revealed: -There were no clients currently residing at the facility.	V 000	/ 000 INITIAL COMMENTS		V 000			
previous survey attempt conducted on April 9, 2025. -The facility had not served clients since February 10, 2025.		September 17, 2025. Director there are no of facility. The last time of facility was February. This facility is licensed category: 10A NCAC Living for Adults with Interview on 9/17/25 v revealed: -There were no clients facilityNo new admissions h previous survey attem 2025The facility had not s	According to the Regional clients being served at the clients were served at the 10, 2025. If for the following service 27G .5600C Supervised Developmental Disability. With the Regional Director is currently residing at the mad occurred since the apt conducted on April 9,				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE