

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER DESTINY FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3509 ALLENDALE DRIVE RALEIGH, NC 27604		
(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 and follow-up survey was attempted on 9/17/25. According to the facility's Former Qualified Professional (QP) there were no clients being served at the facility. The last client served was discharged in November of 2024.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>Attempted telephone call on 9/5/25 with the facility's Director/Owner revealed no answer.</p> <p>Interview on 9/5/25 with the Former QP revealed:</p> <ul style="list-style-type: none"> - The date the last client was served at this facility was September 30, 2024 - She resigned from the facility February 28, 2025, due to no clients being served at the facility <p>Interview on 9/12/25 with the Licensee revealed:</p> <ul style="list-style-type: none"> - The Licensee was out of the country - The call kept breaking up - The date that a client was last served at this facility was the end of November 2024 <p>Interview on 9/16/25 with the Licensee revealed:</p> <ul style="list-style-type: none"> - The last client at this facility was discharged at the end of November 2024 - The Licensee wants to buy a new house and make a change of location with the current license - No facility location has been purchased - No longer leasing at the address that the facility is currently licensed at <p>Interview on 9/17/25 with the Licensee revealed:</p> <ul style="list-style-type: none"> - The landlord refused to renew the lease where the facility is currently licensed at 	V 000		

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

TITLE

(X6) DATE

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V 000	Continued From page 1 - The lease expired at the end of November 2024 - The Licensee no longer has access to the facility's current licensed location	V 000			