STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601078	A. BUILDING: _____ B. WING _____	C 10/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE NORLAND HOUSE	1019 NORLAND ROAD CHARLOTTE, NC 28212

(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 attempted on 10-1-25. According the the Program Manager there are no clients being served at the facility. The last time clients were served at the facility was 9-23-25. This facility is licensed for the following service category: 10A NCAC 27G .1700 Supervised Living Staff Secure for Children or Adolescents. Interview on 10-1-25 with the Program Manager revealed: -The only client in the facility went absent without leave on 9-23-25 and never returned to the facility. There are no clients currently being served in the facility. -"I'm really not sure when we will have clients in the facility."	V 000		