

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-216</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/29/2026</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1425 VAUGHN ROAD BURLINGTON, NC 27217</b>
---	---

(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was attempted on January 29, 2026. According to the Qualified Professional, there are no clients being served at the facility. The last time clients were served at the facility was February 2025.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>Interview on 1/23/26 with the CEO/Executive Director revealed: -There were no current clients at the facility. -The last time a client was served at the facility was about three month ago. -Arrangement was made to meet at the facility on 1/29/26 with the Qualified Professional to conduct annual survey. -She agreed to contact and inform the Division of Health Services and Regulations (DHSR) whenever new clients were admitted at the facility.</p> <p>Interview on 1/29/26 with the Qualified Professional revealed: -There were no clients at the facility. -The last time a client was served at the facility was February 2025. -Information given to surveyor on 1/23/26 by the CEO/Executive Director was inaccurate. -She agreed to contact and inform DHSR whenever new clients were admitted at the facility.</p>	V 000		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_