

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2026
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NAME OF PROVIDER OR SUPPLIER CEDAR PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1103 CENTER CHURCH ROAD EDEN, NC 27288
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(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 survey was attempted on 4/22/26. According to the Qualified Professional (QP), there are no clients currently being served at the facility. The last time clients were served at the facility was June 2024.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with a Developmental Disability.</p> <p>Review on 4/22/26 of the North Carolina Enterprise online system revealed: -No current mental health license for the facility.</p> <p>Observation on 4/22/26 of the facility revealed: -Arrived at the facility at 930am. -No cars in the driveway. -No answer at the door.</p> <p>Interview on 4/22/26 with the Qualified Professional revealed: -No clients are currently being served. -The last time clients were served at this facility was June 2024. -Had no current prospect for clients. -The plan was to remain having the license for this facility.</p>	V 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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