Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL046-048	A. BUILDING: _____ B. WING _____	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTERSEALS PORT HEALTH-ROANOKE CH(	144-C COMMUNITY COLLEGE ROAD AHOSKIE, NC 27910

(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 was attempted on 5/14/26. According to the Chief Compliance Officer there are no clients being served at the facility. The last time clients were served at the facility was 5/5/26. This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups. The Chief Compliance Officer stated that the facility was not being used due to some renovations being completed. The renovations would take about 4 weeks to complete and they were started on Monday, 5/11/26. The program's length of stay is usually 7 days and they planned the renovations around their last client being discharged. Their last admission was 4/29/26 making the last discharge on 5/5/26. This closure was planned and there was no client impact at the time of the planned closure. They anticipate re-opening on or about June 8, 2026, if all goes as planned.	V 000		

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