

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2026
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NAME OF PROVIDER OR SUPPLIER KING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 209 VAUXHALL DRIVE SHELBY, NC 28150
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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 May 21, 2026. According to the Qualified Professional/Residential Director (QP/RD) there are no clients being served at the facility. The last time clients were served at the facility was May 8, 2026.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>Interview on 5/20/26 with the Alternative Family Living (AFL) Provider revealed: -There were no clients being served at the facility. -It has been several weeks since the last client was discharged. -The last client had been in the facility for about a week before he was discharged.</p> <p>Interview on 5/20/26 with the QP/RD revealed: -Was "...actively looking (for a client for the home). We had someone placed that was only there for 4 days..." -"...trying to find someone that fits her (AFL Provider) needs or requests."</p> <p>Review on 5/21/26 of Former Client #1's record revealed: Date of Birth: 02/13/2005. Date of Admission: 05/01/2026. Date of Discharge: 05/08/2026. Diagnoses: Severe intellectual disabilities.</p>	V 000		

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