STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL086001	A. BUILDING: **01** B. WING _____	C **03/26/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL CARE	**139 APEX LANE** **MOUNT AIRY, NC 27030**

(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
C 000	Initial Comments Report of a Biennial Construction Complaint Survey by Tod Hancock conducted on March 26, 2025. Records indicate that this facility was first licensed on October 6, 1972, for 53 beds. Based on this information, we are requiring the facility to meet the 1967 Edition of the North Carolina State Building Code for Group D-2 Institutional, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled, and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds. The complaint alleged that the facilities plumbing fixtures were inoperable. The complaint was unsubstantiated. No Deficiencies were cited. No further action is needed.	C 000		