STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	hal071016	A. BUILDING: **01** B. WING _____	**05/01/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR LANDING AT HAMPSTEAD	**13987 US HIGHWAY 17** **HAMPSTEAD, NC 28443**

(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 Construction Section Biennial Survey by Ryan Meyer on May 1, 2025. Records indicate this facility was first licensed on July 23, 2018 as special care unit for 19 residents. Based on this information we are requiring the facility to meet the 2005 Rules for Adult Care Homes - Minimum Standards and Regulations and the 2012 Edition of the North Carolina State Building Code; Section 409.1, Institutional Occupancy. No deficiencies were identified. No action required at this time.	C 000		