STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-671	A. BUILDING: _____ B. WING _____	R 06/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIRPARK, INC RESIDENTIAL FACILITY	619 CREEKRIDGE ROAD GREENSBORO, NC 27406

(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 and Follow-Up Survey was completed on June 20, 2018. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C: Supervised Living for Developmentally Disabled Adults 10A NCAC 27G .5100: Community Respite (The Director/Qualified Professional reported there had not been any clients in the (5100) Community Respite program in approximately nine months.)	V 000		