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
	MHL041-770	A. BUILDING: ______ B. WING ______	10/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPECIAL 'K' SERVICES	825 NESTLEWAY DRIVE 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 survey was attempted on 10/5/18. According to the Owner there are no clients being served at the facility. The last time clients were served at the facility was 6/28/17. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. Interview on 10/5/18 with the Owner revealed: -the facility was not currently serving clients; -the last client served was admitted to the facility on 6/7/17 and was discharged on 6/28/17; -she was now working with two Management Companies. Interview on 10/5/18 with a Management Company revealed: -they had worked with the Owner since 3/1/18; -there had been no clients served at the facility since 3/1/18. Interview on 10/5/18 with a second Management Company revealed: -they had worked with the Owner since 9/6/18; -there had been no clients served at the facility since 9/6/18. Observations on 10/5/18 of the facility from 9:13am - 10:28am revealed no evidence that the facility was currently serving clients. Previous review on 1/25/18 of former client #1's record revealed: -an admission date of 6/7/17; -a discharge date of 6/28/17; -diagnoses included schizoaffective disorder and moderate intellectual developmental disability.	V 000		

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