PRINTED: 08/12/2019 FORM APPROVED

	AND PLAN OF CORRECTION IDENTIF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 06/21/2019	
AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE IRPARK RESIDENTIAL FACILITY, INC 1511 LEXINGTON AVENUE GREENSBORO, NC 27403 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS V 000 INITIAL COMMENTS V 000 A limited follow up survey for the Type A1 completed on June 21, 2019. This was a limited follow up survey, only 10A NCAC 27D .0304 Protection from Abuse, Harm, Neglect or Exploitation (V512) and 10A NCAC 27D .0304 Protection from Abuse, Harm, Neglect or Exploitation (V512) and 10A NCAC 27D .0304 Protection from Abuse, Harm, Neglect or Exploitation (V512) and 10A NCAC 27D .0304 Protection from Abuse, Harm, Neglect or Exploitation (V512) and 10A NCAC 27D .0304 Protection from Abuse, Harm, Neglect or Exploitation (V512) and 10A NCAC 27D .0304 Protection from Abuse, Harm, Neglect or Exploitation (V512) and 10A NCAC 27D .0304 Protection from Abuse, Harm, Neglect or Exploitation (V512) and 10A NCAC 27D .0304 Protection from Abuse, Harm, Neglect or Exploitation or Service Plans (V112) · Cross Referenced . No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised			MHL0411068				
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