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
	MHL0411210	A. BUILDING: ______ B. WING ______	02/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JESSUP HOME	**4545 JESSUP GROVE ROAD GREENSBORO, NC 27410**

(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 2/3/22. According to the owner of the facility, there have been no clients served at the facility since "late 2021" and it was a respite placement only. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. Observation on 2/3/22 at 9:45 am revealed: - No vehicles at the facility - No answer at any of the three doors to the facility. Interview on 2/3/22 with the individual listed on the license as the contact person for the facility revealed: - She was the owner and there were no clients currently being served at the facility - The last time the facility served a client was in "late 2021" and it was a respite placement only - She could provide no documentation regarding the respite placement; however, she had spoken with personnel with the Division of Health Service Personnel (DHSR) about the number of clients she had served during 2021 and her license for 2022 had been issued without any problems - She was in the process of reviewing information for individuals who might be appropriate for admission to the facility - She would inform the DHSR when a client was admitted to the facility.	V 000		

Division of Health Service Regulation

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