STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411090	A. BUILDING: _____ B. WING _____	R 04/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREATIVE MANAGEMENT SOURCE, INC	3407-G WEST WENDOVER AVENUE GREENSBORO, NC 27407

(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, complaint and follow up survey was completed on 4/7/2022. The complaint was unsubstantiated (intake #NC187543). No deficiencies were cited. This facility is licensed for the following service categories: - 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness; - 10A NCAC 27G .2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities; and - 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups. This facility is licensed for 0 and has a census of 23. The survey sample consisted of audits of 3 current clients.	V 000		