STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411214	A. BUILDING: _____ B. WING _____	06/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KAREN EZEKIEL HOME	2525 SUFFOLK AVENUE, APARTMENT C GREENSBORO, NC 27265

(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 6/6/22. According to the Provider and the Licensee there are no clients being served at the facility. There have been no clients served since the facility was licensed on 3/25/21. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternate Family Living. Interviews on 6/6/22 with the Provider and the Licensee revealed there had not been any clients served in the facility since it was licensed on 3/25/21.	V 000		