STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL096-271	A. BUILDING: _____ B. WING _____	R 10/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON	**1606 SALEM CHURCH ROAD GOLDSBORO, NC 27530**

(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 and follow-up survey was attempted on October 3, 2022. According to the Clinical Services Director and the medical Coordinator there were no clients being served at the facility. Per the previous survey the last time clients were served at the facility was in September 2021. This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities. Interview on 10/03/22 the Medical Coordinator stated there are currently no clients being served at the facility. Interview on 10/03/22 the Director of Operations stated: - There are currently no clients being served at the facility. - Clients are expected to be admitted to the facility in the future. - He understood the Division of Health Service Regulation should be notified when clients were admitted to the facility.	V 000		