DEPARTMENT OF HEALTH AND HUMAN SERVICES **CENTERS FOR MEDICARE & MEDICAID SERVICES**

PRINTED: 03/14/2023 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER GREENVILLE LOOP GROUP HOME SIMILARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL (EACH OBRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION OF Intermediate Care Facilities for Individuals with Intellectual Disabilities found at 24 CFR 483.480 (General/Health Requirements).	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER GREENVILLE LOOP GROUP HOME (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 000 INITIAL COMMENTS This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediate Care Facilities found at 42 CFR 483.480 STREET ADDRESS, CITY, STATE, ZIP CODE 6100 GREENVILLE LOOP ROAD WILMINGTON, NC 28409 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 000 W 000 INITIAL COMMENTS W 000 This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for Individuals with Intellectual Disabilities found at 42 CFR 483.480 THROUGH 483.460 AND 42 CFR 483.480			34G104	B. WING			03/14/2023	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 000 INITIAL COMMENTS W 000 This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for Individuals with Intellectual Disabilities found at 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE W 000 W 000 CMPLÉTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLÉTION DATE W 000 This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for Individuals with Intellectual Disabilities found at 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480					610	TREET ADDRESS, CITY, STATE, ZIP CODE 100 GREENVILLE LOOP ROAD		
This facility is in compliance with the CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for Individuals with Intellectual Disabilities found at 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETION
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		This facility is in concomplete Care Intellectual Disability THROUGH 483.46 (General/Health Research	ompliance with the PARTICIPATION for Facilities for Individuals with ties found at 42 CFR 483.400 to AND 42 CFR 483.480 equirements).		000			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.