

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-323	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2023
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NAME OF PROVIDER OR SUPPLIER HOME CARE SOLUTIONS AT RHUE ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 1234 RHUE ROAD WINSTON SALEM, NC 27105
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(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	<p>INITIAL COMMENTS</p> <p>An annual and follow up was attempted on July 19, 2023. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was December 15, 2022.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>Interview on 7/18/23 with the Licensee revealed:</p> <ul style="list-style-type: none"> - The last client served, former client (FC) #1, was discharged December 2022. - She did not have FC #1's discharge summary but did have FC #1's transfer sheet from Home Care Solutions at Rhue Road to their sister facility A. <p>Review on 7/19/23 of FC #1's record revealed:</p> <ul style="list-style-type: none"> - "Transfer Date: 12/15/2022 from Rhue to [sister facility A]." 	V 000		

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