STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411221	A. BUILDING: _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HAVEN HOMES FOR YOUTH	1030 ALAMANCE COURT GREENSBORO, NC 27406

(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 A complaint survey was attempted on August 8, 2023. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was August 5, 2023. This facility is licensed for the following service category: 10A NCAC 27G .5600B- Supervised Living for Minors with a Developmental Disability. Interview on August 8, 2023 with the Licensee revealed that the facility was closed because she planned to get relicensed from a DD (Developmental Disabled) facility to a 1700 facility (Residential Treatment Staff Secure for Children or Adolescents). She was waiting for construction to inspect the facility and to be relicensed as a 1700 facility.	V 000		