

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-666	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/26/2023
NAME OF PROVIDER OR SUPPLIER OAKMONT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2204 OAKMONT COURT GREENSBORO, NC 27407		
(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>A limited follow up survey for the Type A1 was completed on September 26, 2023. This was a limited follow up survey, only 10A NCAC 27G .5601 Supervised Living-Scope (V289), 10A NCAC 27G. 0201 Governing Body Policies (V105), 10A NCAC 27G. 0205 Treatment/Habilitation or Service Plan (V111), 10A NCAC 27G. 0205 Treatment/Habilitation or Service Plan (V112), 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366) and 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .5601 Supervised Living-Scope (V289), 10A NCAC 27G. 0201 Governing Body Policies (V105), 10A NCAC 27G. 0205 Treatment/Habilitation or Service Plan (V111), 10A NCAC 27G. 0205 Treatment/Habilitation or Service Plan (V112), 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366) and 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367) No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability.</p> <p>This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE