PRINTED: 11/29/2023 FORM APPROVED

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10-A OAK BRANCH DRIVE GREENSBORO, NC 27407 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL STREET ADDRESS, CITY, STATE, ZIP CODE 10-A OAK BRANCH DRIVE GREENSBORO, NC 27407 (X5) PREFIX (EACH CORRECTION SHOULD BE COMPLE			MHL041-941	B. WING		1	
WESCARE ADULT DAY PLACEMENT GREENSBORO, NC 27407 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX GREENSBORO, NC 27407 ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETED OF C							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE	I WESCARE ADULT DAY PLACEMENT						
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(EACH DEFICIENC	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE COMPLETE	
V 000 INITIAL COMMENTS V 000	V 000	INITIAL COMMENTS	;	V 000			
A complaint and follow up survey was completed on 11/28/23. The complaint was unsubstantiated (intake #NC00210155). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 2300 Adult Developmental and Vocational Programs for Individuals with Developmental Disabilities. This facility has a current census of 44. The survey sample consisted of an audit of 1 current client.		A complaint and follo on 11/28/23. The con (intake #NC0021015: cited. This facility is license category: 10A NCAC Developmental and Valudividuals with Develop	w up survey was completed inplaint was unsubstantiated in 5). No deficiencies were discrete d				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE