STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-402	A. BUILDING: _____ B. WING _____	02/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOHNSON & JOHNSON HEALTH CARE GROUP	1745 BURTON STREET WINSTON SALEM, NC 27105

(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 annual survey was attempted on February 9, 2024. According to the Licensee, there are no clients being served at the facility. The last time clients were served at the facility was January 24, 2024. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. Interview on February 9, 2024, with the Licensee revealed the last client served was authorized for residential services; however, the licensee was not contracted with a Local Management Entity/Managed Care Organization (LME/MCO) and not accredited for long-term community support. The Licensee stated she anticipated serving other clients.	V 000		