

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1400651121	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2024
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NAME OF PROVIDER OR SUPPLIER GREEN COMMUNITY RESPITE	STREET ADDRESS, CITY, STATE, ZIP CODE 61 COMPTON DRIVE ASHEVILLE, NC 28806
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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 complaint survey was completed on May 13, 2024. The complaint was substantiated (Intake #NC00216638). No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups (Day) and 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups (Residential).</p> <p>This facility has a current census of 2. The .5100 Community Respite Services for Individuals of All Disability Groups (Day) has a current census of 0 and the .5100 Community Respite Services for Individuals of All Disability Groups (Residential) has a current census of 2. The survey sample consisted of 2 current residential clients and 1 former residential client.</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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