| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 220479 | A. BUILDING: _____ B. WING _____ | 05/13/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **JONES HOUSE NEW BEGINNINGS** | **2035 BRIAR RUN DRIVE GREENSBORO, NC 27404** |

| (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<br><br>An annual and complaint survey was completed on 5/13/24. The complaints were unsubstantiated (intake #NC00216112; intake #NC00216368 and intake #NC00216453). No deficiencies were cited.<br><br>This facility is licensed for 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence.<br><br>The facility is licensed for 3 and currently has a census of 1. The survey sample consisted of an audit of 1 current client. | V 000 | | |