STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411155	A. BUILDING: _____ B. WING _____	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUALITY CARE III, LLC/WINDSOR HOME	2132 WINDSOR STREET GREENSBORO, NC 27406

(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 An annual survey was attempted on 5/8/24. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was 9/2/22. This facility is licensed for the following service 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. Interview on 5/8/24 with Qualified Professional revealed: -Two clients in the facility were transferred to sister facility due to the clients turning 18 years old. -The facility license for Emerywood has been transferred to another program. -The last client was officially discharged 9/2/22. -No clients are being served currently at this 5600F.	V 000		