STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411252	A. BUILDING: _____ B. WING _____	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SLAYTON'S HOME	4811 BLACK FOREST DRIVE GREENSBORO, NC 27405

(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 was attempted on July 25, 2024. According to the CEO there are no clients being served at the facility. The last time clients were served at the facility was June 14, 2024. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. Interview on 7/25/24 with the Qualified Professional revealed: -Removed clients immediately on June 14, 2024 -Official discharge of the two clients on June 25, 2024 -Managing entity terminated this facility after investigation -No clients are being served currently at this facility Interview on 7/25/24 with the CEO (chief executive officer) revealed: -Two clients were previously being served at this facility -He "partied ways" with managing entity, currently looking for new management company -No clients are being served currently at this facility	V 000		