STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-938	A. BUILDING: _____ B. WING _____	08/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAUL'S LOVING CARE, INC	3406 FERN PLACE GREENSBORO, NC 27408

(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 and follow-up was attempted on August 6, 2024.According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was September 23, 2023. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. Interview on 8/6/24 with the Licensee revealed: - The facility was not serving any clients. - She was not sure of the discharge date of the last client served but knew it was "last year." - She would provide the discharge plan of the last client served which would include the discharge date. Review on 8/6/24 of former client #1's record revealed: - Admission Date: 4/25/22 - Discharge Date: 9/23/23	V 000		