

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL041-671</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>08/05/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>VIRPARK, INC RESIDENTIAL FACILITY</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>619 CREEKRIDGE ROAD<br/>GREENSBORO, NC 27406</b> |
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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 |
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| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on August 5, 2024. No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability and 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups.</p> <p>This facility is licensed for 6 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p> | V 000         |   |                    |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_