STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411096	A. BUILDING: _____ B. WING _____	R 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SARAH AND HATTIE'S HOME	3012 BRANDERWOOD DRIVE 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 and follow up survey was attempted on 8/29/24. According to the Licensee, there are no clients being served at the facility. The last time clients were served at the facility was on 7/18/24. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. Observation on 8/29/24 at 2:30 pm revealed: - No vehicles in the driveway - No answer at the front door Interview on 8/29/24 with the Licensee revealed: - The three former clients who resided at the facility had been moved to a sister facility on 7/18/24 - Hoped to begin admitting new clients to this facility in late September or October of 2024 - Planned to interview prospective staff for this facility beginning on 8/30/24 - Would notify the Division of Health Service Regulation when she began admitting clients to the facility	V 000		