STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-296	A. BUILDING: _____ B. WING _____	09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME CARE SOLUTIONS AT HEATHER VIEW	3816 HEATHER VIEW LANE WINSTON SALEM, NC 27127

(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 September 5, 2024. According to the Associate Professional (AP), there are no clients being served at the facility. The last time clients were served at the facility was August 20, 2024. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. Observations on 9/5/24 at 10:33am of the facility revealed: -The facility was empty. -No clients or staff were present. Interview on 9/5/24 with the AP revealed: -There were no current clients at the facility. -The clients were moved to a sister facility on 8/20/24 -Would ensure the Agency was notified if clients were admitted to the facility.	V 000		