PRINTED: 11/04/2024 FORM APPROVED

Division of Health Service Regulation

MMLO41-938 S. WIND MME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2JP CODE 3405 FERN PLACE GREENSBORD, NC 27498 PROVIDERS PROVIDERS ACTION SHOULD BE PRETEX TAG WIND CRACH COMMENTS V. 000 INITIAL COMMENTS An annual and follow-up was attempted on 11/1/24. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility as 9/23/23. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disability. Interview on 11/1/24 with the Licensee revealed: - The facility had not served clients since 9/23/23 She was currently interviewing potential clients. Review on 11/1/124 of former client #1's record revealed: - Admission Date: 4/25/22 - Discharge Date: 9/23/23	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE	(X3) DATE SURVEY COMPLETED	
PAUL'S LOVING CARE, INC Computation Com			MHL041-938	B. WING		11	/01/2024	
CX4 ID SLOVING CARE, INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE V 000 INITIAL COMMENTS V 000 An annual and follow-up was attempted on 11/1/24. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was 9/23/23. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. Interview on 11/1/24 with the Licensee revealed: - The facility had not served clients since 9/23/23 She was currently interviewing potential clients. Review on 11/1/24 of former client #1's record revealed: - Admission Date: 4/25/22	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DATE V 000 INITIAL COMMENTS V 000 INITIAL COMMENTS V 000 An annual and follow-up was attempted on 11/1/24. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was 9/23/23. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. Interview on 11/1/24 with the Licensee revealed: - The facility had not served clients since 9/23/23 She was currently interviewing potential clients. Review on 11/1/24 of former client #1's record revealed: - Admission Date: 4/25/22	PAUL'S LOVING CARE, INC							
An annual and follow-up was attempted on 11/1/24. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was 9/23/23. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. Interview on 11/1/24 with the Licensee revealed: - The facility had not served clients since 9/23/23. - She was currently interviewing potential clients. Review on 11/1/24 of former client #1's record revealed: - Admission Date: 4/25/22	PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE	
11/1/24. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was 9/23/23. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. Interview on 11/1/24 with the Licensee revealed: - The facility had not served clients since 9/23/23 She was currently interviewing potential clients. Review on 11/1/24 of former client #1's record revealed: - Admission Date: 4/25/22	V 000	000 INITIAL COMMENTS		V 000				
		An annual and follow-up was attempted on 11/1/24. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was 9/23/23. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. Interview on 11/1/24 with the Licensee revealed: - The facility had not served clients since 9/23/23. - She was currently interviewing potential clients. Review on 11/1/24 of former client #1's record revealed: - Admission Date: 4/25/22						

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE