

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-938	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/01/2024
NAME OF PROVIDER OR SUPPLIER PAUL'S LOVING CARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>INITIAL COMMENTS</p> <p>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.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>Interview on 11/1/24 with the Licensee revealed:</p> <ul style="list-style-type: none"> - The facility had not served clients since 9/23/23. - She was currently interviewing potential clients. <p>Review on 11/1/24 of former client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission Date: 4/25/22 - Discharge Date: 9/23/23 	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE