

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/02/2024
NAME OF PROVIDER OR SUPPLIER SARAH AND HATTIE'S HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was attempted on 12/2/24. 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.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>Observation on 12/2/24 at 12:15 pm revealed:</p> <ul style="list-style-type: none"> - No vehicles in the driveway <p>Interview on 12/2/24 with the Licensee revealed:</p> <ul style="list-style-type: none"> - She had not served any clients since July 2024 - The three former clients who resided at the facility had been moved to a sister facility on 7/18/24 - Hoped to admit new clients to this facility as soon as possible; however, she wanted to ensure she chose the most appropriate clients and she had the necessary staff in place - Would notify the Division of Health Service Regulation when she began serving new clients at this location 	V 000		

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

TITLE

(X6) DATE