STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-718	A. BUILDING: _____ B. WING _____	01/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED LIVING, LLC	1209 WESTHAMPTON DRIVE GREENSBORO, NC 27405

(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 was attempted on 1/31/25. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was 8/1/24. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. Interview on 1/31/25 with the Licensee revealed: - Former Client (FC) #1 who was the last client served was discharged on 8/1/24. Review on 1/31/25 of FC's #1's record revealed: - Admission date: 4/15/24 - Discharge date: 8/1/24 - Diagnoses: Schizoaffective Disorder, Unspecified and Moderate Intellectual Disabilities.	V 000		