STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVEY COMPLETED NAME OF PROVIDER OR SUPPLIER 34G181 B. WING 02/11/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 02/11/2025 VOCA-MEADOWOOD DRIVE GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 401 MEADOWOOD STREET GREENSBORO, NC 27409 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (x5) COMPLE	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED							
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		CONDITIONS OF PARTICIPATION for Intermediate Care Facilities for Individuals with Intellectual Disabilities found at 42 CFR 483.400 THROUGH 483.460 AND 42 CFR 483.480						
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE			DER/SUPPLIER REPRESENTATIVE'S SIG		TITI F	0	(6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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