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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3769 OLD BATTLEGROUND ROAD GREENSBORO, NC 27410 (K4)ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint survey was completed on March 7, 2025. The complaint was unsubstantiated (intake #NC00227758). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G, 5400 Day Activity for Individuals of All Disability Groups. This facility has a current census of 20. The survey sample consisted of audits of 4 current clients.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SERVANT'S HEART 3706 OLD BATTLEGROUND ROAD GREENSBORO, NC 27410 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint survey was completed on March 7, 2025. The complaint was unsubstantiated (intake #NC00227758). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups. This facility has a current census of 20. The survey sample consisted of audits of 4 current						С	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE