

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411047 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 06/25/2025 |
| NAME OF PROVIDER OR SUPPLIER REFIND MY DESIGN | | STREET ADDRESS, CITY, STATE, ZIP CODE 1214 GROVE STREET GREENSBORO, NC 27403 | | |
| (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>A complaint survey was completed on 6/25/25. The complaints were unsubstantiated (intake #NC00230400, #NC00230399, #NC00230812, NC#00231772). No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness. 10A NCAC 27G .5400 Day activity for Individuals of All Disability Groups.</p> <p>This facility is licensed for 0 and has a current census of 38. The .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness has a current census of 21 and the .5400 Day activity for Individuals of All Disability Groups has a current census of 17. The survey sample consisted of audits of 2 current Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness clients.</p> | V 000 | | |

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

TITLE

(X6) DATE