

Division of Health Service Regulation

|   |  |   |  |  |
|---|--|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION               |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>MHL096-277</b>                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>08/22/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RENU LIFE EXTENDED INC</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>201 WINDSOR CREEK PARKWAY<br/>GOLDSBORO, NC 27530</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                       |
| V 000   | <p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on August 22, 2025. The complaint was unsubstantiated. (intake #NC00232758). No deficiencies were cited.</p> <p>This facility is licensed for the following service: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 24 and has a current census of 22. The survey sample consisted of audits of 1 current client.</p> | V 000   |  |  |

Division of Health Service Regulation

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

TITLE

(X6) DATE