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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
MHL034-346		B. WING	B. WING		11/13/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WOODCL	IFF HOME		DDCLIFF DRIVE			
		WINSTON	I-SALEM, NC 2	7106		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey was A deficiency was cited	s completed on 11/13/2019. d.				
	This facility is licensed for the following category: 10A NCAC 27G .5600F Sup Living/Alternative Family Living.					
V 744	27G .0304(b) Safety		V 744			
	EQUIPMENT (b) Safety: Each facili constructed and equi	4 FACILITY DESIGN AND ity shall be designed, pped in a manner that safety of clients, staff and				
	was not designed, co	n and interviews, the facility nstructed and equipped in a the physical safety of				
	revealed: - There were two sas bedroom;	th-type windows in the secured shut with a screw h down; means of emergency				
	Family Living (AFL) F - She did not know will secured shut;					

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE	(X3) DATE SURVEY COMPLETED	
		MHL034-346	B. WING		11	/13/2019	
NAME OF P	ROVIDER OR SUPPLIER	5455 WO	ODRESS, CITY, STATI ODCLIFF DRIVE N-SALEM, NC 27				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 744	he told her that he habecause the upper wup; - The AFL Provider wimmediately. Interview on 11/13/20 Professional/Operation revealed: - The QP/OM did not bedroom windows habecause the upper wup.	old secured the windows indow sashes would not stay would take the screws out only with the Qualified ons Manager (QP/OM) know that client #1's ind ben screwed shut; address the emergency	V 744				

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STATE FORM 6899 CCGC11 If continuation sheet 2 of 2