PRINTED: 05/05/2021 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 1316 CALVERT DRIVE WINSTON SALEM, NC 27107 (XX) 10 PREPRY CASC HORSTON MAIS RE PRECEDED BY TALL PROVIDERS PLAN OF CORRECTION FOR CONTROL PROVIDERS PLAN OF CORRECTION FOR	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 STREET ADDRESS, CITY, STATE, ZIP CODE 1316 CALVERT DRIVE WINSTON SALEM, NC 27107 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A limited follow up survey for the Type A1 rule violation was completed on 4/30/21. This was a limited follow up survey, only 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) and 10A NCAC 27G .5602 Staff (V290) were reviewed for compliance: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) and 10A NCAC 27G .5602 Staff (V290) were reviewed for compliance: 10A NCAC 27G .5602 Staff (V290) were reviewed for compliance: 10A NCAC 27G .5602 Staff (V290) . No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised				5 4/140			
INDEPENDENT LIVING AT CALVERT DRIVE WINSTON SALEM, NC (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A limited follow up survey for the Type A1 rule violation was completed on 4/30/21. This was a limited follow up survey, only 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) and 10A NCAC 27G .5602 Staff (V290) were reviewed for compliance: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) and 10A NCAC 27G .5602 Staff (V290) . No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised			MHL034-308	B. WING		04/30/2021	
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A limited follow up survey for the Type A1 rule violation was completed on 4/30/21. This was a limited follow up survey, only 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) and 10A NCAC 27G .05002 Staff (V290) were reviewed for compliance: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) and 10A NCAC 27G .5602 Staff (V290) were reviewed for compliance: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) and 10A NCAC 27G .5602 Staff (V290) . No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised	1316 CALVERT DRIVE						
A limited follow up survey for the Type A1 rule violation was completed on 4/30/21. This was a limited follow up survey, only 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) and 10A NCAC 27G .5602 Staff (V290) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) and 10A NCAC 27G .5602 Staff (V290) . No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised	PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLE CROSS-REFERENCED TO THE APPROPRIATE DATE		
	V 000	A limited follow up surviolation was complet limited follow up surve .0205 Assessment and Service Plan (V112) a Staff (V290) were rev following were brough NCAC 27G .0205 Ass Treatment/Habilitation 10A NCAC 27G .5602 deficiencies were cited. This facility is licensed category: 10A NCAC	rvey for the Type A1 rule sed on 4/30/21. This was a sey, only 10A NCAC 27G and Treatment/Habilitation or and 10A NCAC 27G .5602 sewed for compliance. The sessment and or or Service Plan (V112) and 2 Staff (V290) . No sed.	V 000			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE