STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-254	A. BUILDING: _____ B. WING _____	11/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOLFE & JACKSON GROUP HOME - II	3913 INDIANA AVENUE WINSTON SALEM, NC 27105

(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	INITIAL COMMENTS An annual and follow up survey was attempted on November 1, 2021. Observations on 11/1/21, at approximately 9:21am, of the facility, revealed: -Surveyor heard a very loud television on inside the facility. -A male answered to the door. Interview on 11/1/21 with the male at the facility revealed: -His family checked on him several times a day. -Didn't feel comfortable answering any questions until he called the Licensee Interview on 11/1/21 with the Licensee revealed: -Had not had any clients at the facility since February 3, 2020. -"I was going to call you ..." -The male present in the facility was her brother -Her brother had been in a local hospital for 2 weeks. -After his discharge, he was at a recovery center in a local city for 2 weeks. -On 8/27/21, her brother was released from the hospital and was unable to reside in his private residence. -Had spoken with a representative (date unknown) with the DHSR -"[The DHSR representative] told me it was a conflict of interest since we were related, but I was not told I could not have my brother here (at the facility)..." -Surveyor discussed the NCGS which stated a license for a facility that had not had any clients during the previous 12 months shall not be renewed. Further interview on 11/1/21 with the Licensee	V 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-254	A. BUILDING: _____ B. WING _____	11/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOLFE & JACKSON GROUP HOME - II	3913 INDIANA AVENUE WINSTON SALEM, NC 27105

(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	Continued From page 1 revealed: -Had already submitted her information to renew the facility's license -Surveyor relayed information to the Licensee she would have to go back through the initial licensing process. -Did not want to surrender her license -Was made aware her male relative could not live at the facility licensed by the State This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		