STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-224	A. BUILDING: _____ B. WING _____	09/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME	924 CLOISTER DRIVE WINSTON SALEM, NC 27127

(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 complaint survey was completed on 9/19/2022. The complaint was substantiated (intake #NC191548). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the	V 118		

Lic. & Cert. Section
OCT 18 2022
DHSR - Mental Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-224	A. BUILDING: _____ B. WING _____	09/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME	924 CLOISTER DRIVE WINSTON SALEM, NC 27127

(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 118	Continued From page 1 drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications administration of medications was documented immediately following administration affecting 3 of 3 clients (#1, #2 & #3). The findings are: Reviews on 9/16/2022 and 9/19/2022 of Client #1's record revealed: - Admission date: 9/6/2017 - Diagnoses: Schizoaffective Disorder; Mild Intellectual Developmental Disability; Tachycardia; and Hypertension - Physicians orders for the following medications: - Paroxetine HCL (hydrochloride) 30mg (milligrams), 1 tablet QAM (every morning), dated 2/14/2022; - Divalproex sodium ER 500mg, 1 tablet QPM (every evening), dated 5/12/2022; - Atropine sulfate solution 1% drops, instill 1 drop under tongue BID (twice daily), dated 2/14/2022; - Bupropion HCL Sr 150mg, 1 tablet BID, dated 6/7/2022; - Risperidone 4mg, ½ QAM & 1 tablet QPM, dated 11/30/2021; - Clonazepam 1mg, 1 tablet TID (three times daily), dated 11/30/2021; and - Ipratropium 0.03% spray, squirt 1-2 sprays	V 118	The agency will ensure that all the staff are retrained on medication administration. The QP will monitor the staff to ensure they are documenting properly. This will be Ongoing	11/15/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-224	A. BUILDING: _____ B. WING _____	09/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME	924 CLOISTER DRIVE WINSTON SALEM, NC 27127

(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 118	Continued From page 2 under the tongue QHS for 3 days. May increase to 2-3 times daily thereafter, dated 11/30/2021. Reviews on 9/15/2022 & 9/16/2022 of Client #1's MARs dated 7/1/2022 to 9/15/2022 revealed: - No documentation of administration of the following: - Paroxetine, bupropion or risperidone at 8:00am on 9/15/2022. - Clonazepam and Ipratropium at 8:00am on 9/1/2022, 9/2/2022, 9/15/2022; or at 12:00pm on 9/1/2022, 9/2/2022, 9/14/2022. - Atropine at 8:00am on 7/28/2022. Reviews on 9/16/2022 and 9/19/2022 of Client #2's record revealed: - Admission date:10/5/2016 - Diagnoses: Mood Disorder NOS; Reactive Attachment Disorder; Autism Spectrum Disorder; Mild Intellectual Developmental Disability; and Vitamin D Deficiency - Physicians orders for the following medications: - Mometasone furoate 0.1% cream, apply pea sized amount to affected area QAM, dated 9/15/2021; - Benztropine 0.5%, 1 tablet QAM, dated 9/14/2021; - Bupropion HCL XL 300mg, 1 tablet QAM, dated 9/14/2021; - Concerta 36mg, 1 tablet QAM, dated 1/3/2022; - Lithium carbonate 300mg, 1 tablet QAM, dated 8/15/2022; - Vitamin D3 35mg, 1 tablet QAM, dated 9/13/2021; - Clonidine HCL 0.2mg, 1 tablet BID, dated 6/7/2022; - Divalproex sodium ER 500mg, 1 tablet BID, dated 9/14/2021; - Risperidone 2mg, 1 tablet BID, dated 9/14/2021; - Hydroxyzine pamoate 50mg, 1 tablet TID, dated	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-224	A. BUILDING: _____ B. WING _____	09/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME	924 CLOISTER DRIVE WINSTON SALEM, NC 27127

(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 118	Continued From page 3 9/14/2021; and - Clindamycin Ph (phosphate) 1% solution, apply topically to affected areas on the face QAM, dated 7/16/2019, with no discontinuation order. Reviews on 9/15/2022 and 9/16/2022 of Client #2's MARs dated 7/1/2022 to 9/15/2022 revealed: - No documentation of administration of the following: - Mometasone, benztropine, bupropion, Concerta, lithium carbonate, vitamin D3, clonidine, divalproex sodium, risperidone at 8:00am on 9/11/2022, 9/12/2022, 9/15/2022. - Hydroxyzine at 8:00am on 9/11/2022, 9/2/2022, 9/15/2022; or at 12:00pm on 9/1/2022, 9/2/2022, or 9/5/2022 to 9/14/2022. - Clindamycin was not present on the July or August MARs. Review on 9/19/2022 of Client #3's record revealed: - Admission date: 6/23/2022 - Diagnoses: Intermittent Explosive Disorder with self-injurious behaviors; Moderate Intellectual Developmental Disorder; Autism Spectrum Disorder - Physicians orders for the following medications: - Fluoxetine HCL 20mg, 3 tablets QAM, dated 7/15/2022, with no discontinuation order; - Multivitamin, 1 tablet QD, dated 8/30/2022; - Vitamin D3 25mg, 1 QAM, dated 8/30/2022; - Buspirone HCL 15mg, 1 BID, dated 7/15/2022; - Clonidine HCL 0.1mg, dated 7/15/2022; - Naltrexone HCL 50mg, 1 BID, dated 7/15/2022; and - Quetiapine fumarate 200mg, 1 TID, dated 7/15/2022. Reviews on 9/15/2022 and 9/16/2022 of Client #3's MARs dated 7/1/2022 to 9/15/2022 revealed:	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-224	A. BUILDING: _____ B. WING _____	09/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME	924 CLOISTER DRIVE WINSTON SALEM, NC 27127

(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 118	Continued From page 4 - No documentation of administration of the following: - Fluoxetine at 8:00am on 8/1/2022 - 8/31/2022; - Multivitamin, Vitamin D3, buspirone, clonidine, or naltrexone at 8:00am on 9/15/2022; - Quetiapine at 8:00am on 9/11/2022, 9/2/2022, 9/15/2022; at 2:00pm and 8:00pm on 9/1/2022, 9/2/2022, or 9/14/2022 to 9/14/2022. Interview on 9/19/2022 with Client #1 revealed: - He was administered medications at 8:00 o'clock in the morning and 8:00 o'clock at night. - He did not know the names of all his medications. - His medications came from the pharmacy, so he thought that he was taking them correctly. Attempted interview on 9/19/2022 with Client #2 revealed: - "I don't want to talk." Interview on 9/19/2022 with Client #3 revealed: - He did not know the names of his medications and could not provide details about whether he took them on time every day. Interview on 9/19/2022 with Staff #2 revealed: - He had worked the morning of 9/15/2022. - Clients #1, #2 and #3 had taken all their medications. - When there were blanks left on clients' MARs, facility management would contact the staff that failed to sign off on medication administration and suspend them for 14 days. Interview on 9/19/2022 with the Qualified Professional revealed: - He thought that Clients #1, #2 and #3 had been administered all their medications correctly.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-224	A. BUILDING: _____ B. WING _____	09/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME	924 CLOISTER DRIVE WINSTON SALEM, NC 27127

(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 118	Continued From page 5 Interview on 9/19/2022 with the Director revealed: - Facility staff were supposed to check the MARs routinely. - She believed that Clients #1, #2 and #3 had been administered their medications every day.	V 118		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-224	A. BUILDING: _____ B. WING _____	09/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME	924 CLOISTER DRIVE WINSTON SALEM, NC 27127

(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 367	Continued From page 6 day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-224	A. BUILDING: _____ B. WING _____	09/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME	924 CLOISTER DRIVE WINSTON SALEM, NC 27127

(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 367	Continued From page 7 the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II incidents to the LME responsible for the catchment area within 72 hours of becoming aware of the incident. The findings are: Reviews on 9/16/2022 and 9/19/2022 of Client #1's record revealed: - Admission date: 9/6/2017 - Diagnoses: Schizoaffective Disorder; Mild Intellectual Developmental Disability; Tachycardia; and Hypertension - Documentation of a laceration of the right little finger was treated at a local hospital emergency department (ED) on 6/15/2022. Review of the facility's level 2 & 3 incidents on the Incident Response Improvement System (IRIS) revealed: - No incident report for the hospital treatment of Client #1's lacerated finger on 6/15/2022.	V 367	The agency will ensure that all level 2 + 3 incidents are documented in IRIS within the 72 hour time frame. The Director will utilize the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-224	A. BUILDING: _____ B. WING _____	09/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME	924 CLOISTER DRIVE WINSTON SALEM, NC 27127

(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 367	Continued From page 8 Interview on 9/19/2022 with Staff #1 revealed: - On the date that Client #1 had injured his hand (6/15/2022), she and Staff #2 had been present. - Client #1 was "very erratic" and punched the window in the laundry room. - Blood was dripping everywhere, so she took him to the ED to have his hand evaluated. - She did not think Client #1 got stitches, but she did remember that his hand had been bandaged. - Staff #2 was supposed to complete the incident report. Interview on 9/19/2022 with Staff #2 revealed: - On 6/15/2022, Client #1 had been upset about running out f cigarettes and punched the glass on the laundry room window. - Client #1's hand bled so much that he knew a first aid kit alone would not be sufficient to treat it. - He called for an ambulance and Staff #1 rode with Client #1 to the local ED. - He had completed an incident report form and placed it in the back of a book as required by facility protocol. Interview on 9/16/2022 with the Director revealed: - Client #1 had punched a window in the facility at the end of July 2022, resulting in a cut on his hand. - Client #1 had bleed so extensively that facility staff had to throw some of his blood-covered records away. - He was taken to the ED for stitches by Staff #1. - She took responsibility for the incident report not being entered into IRIS. - Around the time of the incident, multiple things had happened, including her computer crashing, which caused her to forget to enter the incident in IRIS.	V 367	chart to categorize the incidents to ensure they are leveled properly and put into IRIS if required This will be ongoing.	11/20/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-224	A. BUILDING: _____ B. WING _____	09/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME	924 CLOISTER DRIVE WINSTON SALEM, NC 27127

(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 736	Continued From page 9	V 736		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation of the facility's exterior at approximately 1:00pm on 9/15/2022 revealed: - A covered carport had a white van parked beneath it. - The van was covered with a heavy layer of dust that had cat paw prints on the windshield and hood. - The cement floor on the carport and entrance pad had black stains. - The aluminum-type siding had multiple dents and dust on its surface. - The carport ceiling had black stains covering the entirety of the ceiling. - The gutter downspout at the front of the carport was crushed and loose from the top gutter. - Rusted metal bedrails were lying in the back corner of the carport. - A damaged dresser was on the carport behind the van. - There were two laundry baskets, a charcoal grill top, a gasoline can, a broken door, and a deteriorated cardboard box lying on the ground	V 736	The agency owner and director will facilitate the clean up around the premise of the home. All junk/ debris will be removed and all damages will be repaired	11/22/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-224	A. BUILDING: _____ B. WING _____	09/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME	924 CLOISTER DRIVE WINSTON SALEM, NC 27127

(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 736	Continued From page 10 behind the carport. - In the back yard, there was a storage building that had damaged shingles and one corner approximately 16/12 inches collapsed beneath the shingles. - 1 of 3 windows on the front side of the house has the screen hanging loose at one corner. Observation of the facility's interior at approximately 3:20pm revealed: - The dining table was heavily scratched. - A pot with used cooking oil was on the stove and had brown sediment in the bottom. - The dishwasher had brown stains covering the racks and debris along the top edge of the door when opened. - The laundry room floor had a torn area of linoleum approximately 6 inches in diameter. - The doorknob on the back door was loose. - The stove had drip stains on the top and front. - The linoleum in front of the refrigerator was torn in 5 places. - In Client #1's bedroom, there was peeling paint on the window frame, no curtain or blinds present, and there were patched, but unpainted areas on closet door. - In Client #2's bedroom, 1 of 2 windows was covered with plywood sheathing, and the other would not open. - A 5-drawer dresser was placed in front of the one window, limiting egress in the case of emergency. - The dresser was missing one drawer and the back panel of the dresser fell off when the dresser was moved. - There was a broken area approximately 6 inches x 4 inches on the bathroom door just above and to the right of the doorknob. - In Client #3's bedroom, 1 of 2 windows would not stay up when opened, and the closet door	V 736	The Owner will do monthly and/or as needed checks to ensure the facility is safe and clean. This will be ongoing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-224	A. BUILDING: _____ B. WING _____	09/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME	924 CLOISTER DRIVE WINSTON SALEM, NC 27127

(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 736	Continued From page 11 was missing. - Paint was peeling off the rusted metal floor vent in the hallway bathroom. Interview on 9/19/2022 with Client #1 revealed: - Client #2 broke items in the facility all the time, including a window in his own bedroom. - He may have broken a chair himself by leaning back in it. Interview on 9/16/2022 with the Director revealed: - Client #2 occasionally damaged property when he was angry. - The window in Client #2's bedroom had been broken on Saturday, 9/10/2022. - Because the damage to the window was so extensive, the entire window frame needed to be replaced. - Facility management was in the process of obtaining new flooring for the facility. - Other needed repairs in the facility were in the process of being scheduled.	V 736		