PRINTED: 05/28/2024 FORM APPROVED

Division of Health Service Regulation

MHL034-374 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3365 NEW WALKERTOWN ROAD DISABILITY MANAGEMENT SERVICES			IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLET	(X3) DATE SURVEY COMPLETED	
3365 NEW WALKERTOWN ROAD	MHL034-374		B. WING		05/20	05/20/2024		
DISABILITY MANAGEMENT SERVICES 3365 NEW WALKERTOWN ROAD	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
WINSTON SALEM, NC 27105								
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	(EACH CORRECTIVE ACTION SHOULD BE COMPI		(X5) COMPLETE DATE	
V 000 INITIAL COMMENTS V 000	V 000 INITIAL COMMENTS			V 000				
A limited follow up survey was attempted on May 20, 2024. According to the Licensee, there are no clients being served at the facility. The last time clients were served at the facility was January 22, 2024. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. Interview on 5/21/24 with the Licensee/Owner/Qualified Professional revealed he had a continued plan to sell his group home business. He would contact surveyor when the record of the last client served was ready to be reviewed. He was not interested in turning in his facility license at this time.		A limited follow up su 20, 2024. According clients being served a clients were served a 2024. This facility is license category: 10A NCAC Living for Adults with Interview on 5/21/24 Licensee/Owner/Qua he had a continued p business. He would crecord of the last clie reviewed. He was no	low up survey was attempted on May occording to the Licensee, there are no g served at the facility. The last time is served at the facility was January 22, is licensed for the following service DA NCAC 27G .5600C Supervised dults with Developmental Disability. In 5/21/24 with the wner/Qualified Professional revealed intinued plan to sell his group home is ewould contact surveyor when the is last client served was ready to be the was not interested in turning in his					

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

TITLE (X6) DATE