

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-374	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/18/2024
NAME OF PROVIDER OR SUPPLIER DISABILITY MANAGEMENT SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 3365 NEW WALKERTOWN ROAD 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	<p>INITIAL COMMENTS</p> <p>A limited follow-up survey was attempted on November 18, 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.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>On 11/25/24, a review of the Licensee's voicemail revealed he had not tried to reopen the group home at 3365 New Walkertown Road in Winston-Salem, the property where the facility was located was up for sale, he hoped to have a buyer by the end of this year (2024), and he planned to turn his facility license in.</p>	V 000		

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

TITLE

(X6) DATE