

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-308	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING AT CALVERT DRIVE		STREET ADDRESS, CITY, STATE, ZIP CODE 1316 CALVERT DRIVE WINSTON SALEM, NC 27107		
(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 survey was completed on 11/27/24. 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 current census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
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 interviews and observations, the facility was not maintained in a safe and attractive manner. The findings are: Observation on 11/26/24 at approximately 3:11 pm of the outside of the facility revealed: - There was a white van and dark blue van parked in the grass at the end of the driveway. - Beside the white van were several 2x4 boards in the grass. - There was a tarp over a large engine. - There were 2 stacks of cinder blocks with 4 cinder blocks stacked on top of each other at the end of the driveway. - There were 2 additional stacks of cinder blocks with 5 cinder blocks stacked on top of each other at the end of the driveway. - Beside the cinder block stacks was a car axle.	V 736		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-308	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING AT CALVERT DRIVE		STREET ADDRESS, CITY, STATE, ZIP CODE 1316 CALVERT DRIVE WINSTON SALEM, NC 27107		
(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 1 - Also found at the end of the driveway was a large tire with a large object on top of the tire. Interviews on 11/26/24 and 11/27/24 with staff #2 revealed: - The car parts laying in the driveway were to repair the white van. - "I do know the white van does not operate." - He was unsure if the blue van operated. Interview on 11/27/24 with staff #4 revealed: - The large object underneath the blue tarp was "maybe an engine." - "It looks like someone might be working on the vans." Interview on 11/27/24 with the Director/Licensee revealed: - The vans parked in the grass at the end of the driveway did operate. - "They need inspections and up to date registrations." - She had no idea why the cinder blocks were in the driveway. - The large mechanical object underneath the blue tarp "...might be an engine for my husband's car that was over there." - "I will get him (her husband) to move those too. He was working on his old car when it (the facility) was not open."	V 736		
V 744	27G .0304(b) Safety 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.	V 744		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-308	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING AT CALVERT DRIVE		STREET ADDRESS, CITY, STATE, ZIP CODE 1316 CALVERT DRIVE WINSTON SALEM, NC 27107		
(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 744	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on interviews and observations, the facility failed to be equipped in a manner that ensured the physical safety of clients, staff and visitors. The findings are:</p> <p>Observation on 11/26/24 from 3:37 pm - 4:30 pm of the inside of the facility revealed: - There was no landline telephone in the facility.</p> <p>Interview on 11/26/24 with client #1 revealed: - "We don't have a phone here."</p> <p>Interview on 11/26/24 with client #2 revealed: - He did not make phone calls from the facility phone.</p> <p>Interview on 11/27/24 with staff #2 revealed: - There was an "active landline" but there was not a telephone in the facility.</p> <p>Interview on 11/27/24 with staff #4 revealed: - He was not sure if there was a working telephone in the facility. - "I have never heard a phone ring."</p> <p>Interview on 11/27/24 with the Director/Licensee revealed: - There "should be" a working telephone in the facility. - "I will look into that."</p>	V 744		