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PRINTED: 12/02/2024 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL034-308 11/27/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1316 CALVERT DRIVE INDEPENDENT LIVING AT CALVERT DRIVE WINSTON SALEM, NC 27107 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 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. DHSR-MH Licensure Sect V 736 27G .0303(c) Facility and Grounds Maintenance V 736 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: 12/15/24 The unsafe and Based on interviews and observations, the facility was not maintained in a safe and attractive unattractive Hens manner. The findings are: will be removed Observation on 11/26/24 at approximately 3:11 pm of the outside of the facility revealed: from the exterior - There was a white van and dark blue van parked in the grass at the end of the driveway. the facility. - Beside the white van were several 2x4 boards in the grass. The faculity will - There was a tarp over a large engine. - There were 2 stacks of cinder blocks with 4 be maintained cinder blocks stacked on top of each other at the end of the driveway. in a safe and There were 2 additional stacks of cinder blocks. with 5 cinder blocks stacked on top of each other at the end of the driveway. atractive manner - Beside the cinder block stacks was a car axle. Division of Health Service Regulation ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
MHL034-308		MHL034-308	B. WING _		11/27/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
INDEPENDENT LIVING AT CALVERT DRIVE 1316 CALVERT DRIVE WINSTON SALEM, NC 27107					
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 736	6 Continued From page 1		V 736	This will happe	0
	- Also found at the end of the driveway was a large tire with a large object on top of the tire.		To oppose the state of the stat	ummediately b	4
	Interviews on 11/26/24 and 11/27/24 with staff #2 revealed:			ummediately by the group home owners and u	
	 The car parts laying in the driveway were to repair the white van. 			Dwn Brs and u	Dell'
	- "I do know the white van does not operate." - He was unsure if the blue van operated.			be ongoing	
	- The large object ur maybe an engine."	44 with staff #4 revealed: nderneath the blue tarp was " one might be working on the			
	vans."				
	revealed:	4 with the Director/Licensee			
	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 w	hy the cinder blocks were in			
	the driveway. - The large mechanic blue tarp "might be car that was over the	cal object underneath the an engine for my husband's ere."			
		nusband) to move those too. nis old car when it (the facility)			
V 744	27G .0304(b) Safety		V 744		
	EQUIPMENT (b) Safety: Each facil constructed and equi	lity shall be designed, ipped in a manner that safety of clients, staff and			

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL034-308 11/27/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1316 CALVERT DRIVE INDEPENDENT LIVING AT CALVERT DRIVE WINSTON SALEM, NC 27107 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 744 Continued From page 2 V 744 The Duector will ensure that there is a land line immediately and 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: 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. Interview on 11/26/24 with client #1 revealed: - "We don't have a phone here." Interview on 11/26/24 with client #2 revealed: - He did not make phone calls from the facility phone. Interview on 11/27/24 with staff #2 revealed: - There was an "active landline" but there was not a telephone in the facility. 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." Interview on 11/27/24 with the Director/Licensee revealed: - There "should be" a working telephone in the

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facility.

- "I will look into that."

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