

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-224</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/08/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>INDEPENDENT LIVING GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 CLOISTER DRIVE WINSTON SALEM, NC 27127</b>		
(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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was attempted on 4/8/25. According to the Director, there are no clients being served at the facility. The last time clients were served at the facility was in November 2024.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>Observation of the facility on 4/8/25 at 2:05 pm revealed:</p> <ul style="list-style-type: none"> <li>- No vehicles parked at the facility</li> <li>- No answer at the front door</li> </ul> <p>Interview on 4/8/25 with the Director revealed:</p> <ul style="list-style-type: none"> <li>- There were no clients currently being served at the facility</li> <li>- She was no longer able to operate her facility from this location because in October of 2024, the owner of the home "sold the home out from under her."</li> <li>- Had rented the home for ten years and the landlord's decision to sell the home had come as a surprise to her</li> <li>- In November 2024, she moved the clients from the facility to a sister facility where there were no clients being served</li> <li>- Could not recall if she had notified the Division of Health Service Regulation of these changes</li> </ul>	V 000		

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

TITLE

(X6) DATE