

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-338	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2018
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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #5	STREET ADDRESS, CITY, STATE, ZIP CODE 2042 TEMPLE STREET WINSTON SALEM, NC 27101
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(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>An annual survey was completed on 4/3/18. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Mental Illness.</p>	V 000		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or</p>	V 290		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 290	<p>Continued From page 1</p> <p>more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to document in the client's treatment plan that the client was capable of remaining in the home or community without supervision affecting 3 of 3 audited clients (#1, #2 and #3). The findings are:</p> <p>Review on 4/2/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 1/7/18 - Diagnoses of Schizophrenia, Paranoid Type; ETOH Dependence, FSR (Full Sustained Remission); Cannabis Abuse and Seizure Disorder - A treatment plan dated 1/20/18 and completed by the facility's Qualified Professional (QP) documented client #1 could have up to five hours of unsupervised time in the community "in order to gain independence." - No documentation in client #1's treatment plan which reflected that client #1 was capable of being in the community without staff supervision 	V 290		

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V 290	<p>Continued From page 2</p> <p>Review on 4/3/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 1/10/18 - Diagnoses of Schizophrenia, Continuous; Onychomycosis; Hyperlipidemia; Constipation and Peripheral Vascular Disease - A treatment plan dated 1/20/18 and completed by the facility's QP which documented client #2 could have "unsupervised time for up to 6 hours specifically to go with his brothers in order to build his work skills..." - No documentation in client #2's treatment plan which reflected that client #2 was capable of being in the community without staff supervision <p>Review on 4/3/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 1/21/18 - Diagnoses of Schizoaffective D/O, Bipolar Type and Multiple Open Wounds without Complication - A treatment plan dated 1/20/18 and completed by the facility's QP documented client #3 could have "up to 4 hours unsupervised time in the community to be used for exercise with his health and cholesterol..." - No documentation in client #3's treatment plan which reflected that client #3 was capable of being in the community without staff supervision <p>Interviews on 4/2/18 and on 4/3/18 with the House Attendant Supervisor revealed:</p> <ul style="list-style-type: none"> - The QP responsible for completing an assessment of the client's capability of remaining in the home or community without staff supervision was no longer employed by the facility - It had been his understanding the required information regarding the clients' ability to have unsupervised time had been documented in the clients' treatment plans. 	V 290		

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V 290	Continued From page 3 Interview on 4/3/18 with facility's Chief Financial Officer revealed: - The facility would ensure the required information regarding the clients' ability to have unsupervised time would be documented in the clients' treatment plans as soon as possible.	V 290		