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: R B. WING MHL034-338 04/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2042 TEMPLE STREET **SHARPE AND WILLIAMS #5** WINSTON SALEM, NC 27101 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) VIIO The individual
Staff member indentified
will underso retraining
with client greeters,
medication administration, V 000 INITIAL COMMENTS V 000 An annual, complaint and follow up survey was completed on 4/12/19. The complaint was unsubstantiated (intake #NC00150282). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Adults with Mental Illness. V 110 27G .0204 Training/Supervision V 110 V118 DUV current medication Paraprofessionals administration practices will be audited and overviewed to ensure. 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for They match our presented policy a procedures. paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by **DHSR - Mental Health** exhibiting core skills including: technical knowledge: MAY 06 2019 (2) cultural awareness: (3) analytical skills; (4) decision-making; Lic. & Cert. Section (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision

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

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Agency Director

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If continuation sheet 1 of 6

PRINTED: 04/15/2019 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: R MHL034-338 B. WING 04/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2042 TEMPLE STREET **SHARPE AND WILLIAMS #5** WINSTON SALEM, NC 27101 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 110 Continued From page 1 V 110 plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on observation, record reviews and interviews the facility failed to ensure one of two staff (staff #1) demonstrated knowledge and skills required by the population served. The findings are: Observations on 4/12/19 at 9:05am upon arrival at the facility revealed client #3 was sitting outside, clients #1 and 2 were in their bedrooms and staff #1 was lying on the staff bed talking on the telephone. Review on 4/12/19 of client #1's record revealed: -An admission date of 10/3/15: -Diagnoses included Paranoid Schizophrenia and Deferred Seizure: -A Treatment Plan that included goals of: -"(Client #1) will decrease his psychiatric symptoms ie..delusions that he's believes he is running a republican house, opening up his own bank and loan company, starting his own cigarette company and having auditory hallucinations from 7 days a week to 2 days a week for 6 consecutive months:" -"(Client #1) will have unsupervised time

to gain independence."

Alcohol Use Disorder;

-An admission date of 1/11/18;

while in the community (up to 5 hours) in efforts

Review on 4/12/19 of client #2's record revealed:

-Diagnoses included Schizoaffective Disorder and

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as ordered by the physician.