Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL034-207	B. WING		07/25/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, ST	ATE, ZIP CODE	
A SURE H	OUSE, INC	1265 AR	BOR ROAD		
/ GONE II		WINSTO	N-SALEM, NC 2	27104	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 000 INITIAL COMMENTS		V 000			
	on July 25, 2019. De This facility is licensed	d for the following service 27G .1700 Residential			
V 736	10A NCAC 27G .0303 EXTERIOR REQUIRE (c) Each facility and it maintained in a safe,	EMENTS	V 736	DHSR - Mental  AUG 1 5 201  Lic. & Cert. Sec	9
	staff failed to ensure the were maintained in a staff failed to ensure the were maintained in a staff of the staff of the staff failed to ensure the staff failed the s	s and interviews, the facility me facility and its grounds safe, clean, attractive and indings are:  19, from 8:59am to revealed: nal living room with several paint and bare areas then table that matches the ning room chair		The Kitchen table of Stained or Reglaced	91-66-P 3d 1) ice
	by 3 inches.  -The dining room table on the top which covertable top  -A hole in the door of F	has numerous scratches et approximately ½ of the FC #1's bedroom runner, leaning up against		painted All WALLS W painted holes Repair painted, doors Repair or replaced. Thecount have been removed.	ired

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

TITLE EXECUTIVE DIFECTOR (X6) DATE 8-6-1

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 MHL034-207 07/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1265 ARBOR ROAD A SURE HOUSE, INC WINSTON-SALEM, NC 27104 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 736 V 736 Continued From page 1 the closet door in the hallway area -Several bedroom walls had been patched but not painted -In one of the client's bedrooms, there was a 3 inch by 3 inch hole above the light switch -In one of the client's bedroom were a pair of crutches leaning against the wall and right next to the crutches were a body sized hole in the wall. -One of the bedrooms was missing a light switch plate -Numerous holes behind the bedroom doors -One of the brown leather sofa's had an exposed spring and torn material on the side of the cushion 1 unconglà Interviews on 7/25/19 with client #2 revealed: -FC #1 had made holes in the walls when he got angry -"[FC #1] did them all. He would just get made and ticking and tripped" Interview on 7/25/19 with client #3 revealed: - The holes in the wall were due to FC #1's behaviors - "I guess he got made and punched the walls..." Interview on 7/25/19 with staff #1 revealed -Regarding the repairs needed to the facility. "I believe [The ED] has home owner's insurance and take care of it..". Interview on 7/25/19 with the Executive Director

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Division of Health Service Regulation STATE FORM

(ED) revealed:

other repairs

-"All of the damage was from him (FC #1). He said he was going to tear the facility up." -\$1250.00 estimates and also \$4,000 for the

-Can have the repairs made with 60 days"

If continuation sheet 2 of 2

DHSR - Mental Health

AUG 15 2019