Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL034-378	B. WING		11/1	5/2019
NAME OF I	PROVIDER OR SUPPLIER		DRESS CITY S	STATE ZIP CODE	1	0/2010
	2650 OAK GROVE CIRCLE					
SHARPE AND WILLIAMS #7 WINSTON SAI				27106		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs .	V 000			
	An annual survey w Deficiencies were c	as completed on 11/15/19. ited.				
		ed for the following service C 27G .5600A Supervised h Mental Illness				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	103 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				
		et as evidenced by: ons and interview the facility he facility in a clean, safe and				
	pm of the facility kit - Kitchen pantry/clo entirely - approximately thre kitchen exit door to broken	set door would not close ee floor tiles in front of the porch area were cracked and refrigerator appeared sawed				
	screens in her wind	nt#3's bedroom revealed no low. g area at the bottom of the				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL034-378	B. WING		11/1	5/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
SHARPE	AND WILLIAMS #7		GROVE CIF				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
V 736	Continued From pa	ge 1	V 736				
	basement stairs rev	vealed large black stains.					
	revealed numerous	ent#'s 1 and #2 bedroom walls holes through out. https://example.com/revealed holes behind					
		way bathroom revealed broken ilet paper holder with their the dry wall.					
		Qualified Professional revealed: been placed with the e.					
V 742	27G .0304(a) Priva	су	V 742				
	EQUIPMENT (a) Privacy: Facilitie constructed in a ma	es shall be designed and anner that will provide clients ag, dressing or using toilet					
		et as evidenced by: ions and interviews the facility privacy within the facility. The					
	pm revealed: - Client #3 had no befor privacy.	/13/19 at approximately 12:00 blinds in her bedroom windows om had not window blinds for					
		19 with Client #3 revealed:					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3)			(X3) DATE SURVEY COMPLETED	
		MHL034-378	B. WING		11/1	5/2019	
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
SHARPE	AND WILLIAMS #7		GROVE CIF				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 742	Continued From pa	ge 2	V 742				
	window.						
	Interview with Staff #1 revealed: - Window measurements need to be taken by maintenance.						
V 760	<ul> <li>27G .0304(d) Indoor Space Requirements</li> <li>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</li> <li>(d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:</li> </ul>		V 760				
		et as evidenced by: ons and interviews the facility rsonal storage for clients. The					
	pm revealed: - Client #3's bedrood and totes with cloth flowing and closet at Clothing items were totes and boxes which to store her p	/13/19 at approximately 12:00 cm revealed numerous boxes ing and personal items over area revealed no hangers. The observed to be on floor or in ich also were overflowing cm revealed no dressers in personal clothing. The closet are sufficient number of					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDILAN	OF GORREOTION	IDENTIFICATION NOMBER.	A. BUILDING:	<del></del>	COIVII	LLILD	
		MHL034-378	B. WING		11/1	5/2019	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
SHARPE	SHARPE AND WILLIAMS #7  2650 OAK GROVE CIRCLE WINSTON SALEM, NC 27106						
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 760	Continued From pa	ige 3	V 760				
	- No bedside table storage or for lighting	was available for personal ng					
	Interview on 11/13/ - Maintenance has blinds throughout the	19 with Staff #1 revealed: to measure the windows for					

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