STATEMEN	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	E SURVEY
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL034-380	B. WING		11/	15/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE	-	
	AND WILLIAMS #8	937 GLE		т		
SHARPE	AND WILLIAWS #0	WINSTO	N SALEM, NC	27107		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	ſS	V 000			
	An annual and follo on 11/15/19. Deficie	w up survey was completed encies were cited.				
		sed for the following service C 27G .5600A Supervised h Mental Illness.				
V 289	27G .5601 Supervised Living - Scope		V 289			
	provides residential home environment these services is th rehabilitation of indi illness, a developm or a substance abu supervision when in (b) A supervised liv the facility serves e (1) one or mo (2) two or mo (2) two or mo Minor and adult clie same facility. (c) Each supervise licensed to serve a designated below: (1) "A" design serves adults whos illness but may also (2) "B" design serves minors who developmental disa diagnoses; (3) "C" design serves adults whos	ng is a 24-hour facility which l services to individuals in a where the primary purpose of e care, habilitation or ividuals who have a mental ental disability or disabilities, se disorder, and who require n the residence. <i>v</i> ing facility shall be licensed if				
	diagnoses; ealth Service Regulation					

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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	
		MHL034-380	B. WING		11/	15/2019
IAME OF F	ROVIDER OR SUPPLIER		DRESS, CITY, ST			
BHARPE	AND WILLIAMS #8		COE STREET			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 289	Continued From pa	ge 1	V 289			
	serves minors whos substance abuse de other diagnoses; (5) "E" design serves adults whos substance abuse de other diagnoses; or (6) "F" design private residence, v three adult clients w mental illness but m disabilities, or three clients whose prima developmental disa other disabilities wh family provides the exempt from the fol .0201 (a)(1),(2),(3), (A),(B),(E),(F),(G),(( (18) and (b); 10A NCAC 27G (a),(b); 10A NCAC 27G (b),(c); 10A NCAC 27G (a),(b); 10A NCAC 27G (b),(c); 10A NCAC 27G (b),(c); 10A NCAC 27G (c),(c),(c); 10A NCAC 27G (c),(c),(c),(c); 10A NCAC 27G (c),(c),(c),(c),(c); 10A NCAC 27G (c),(c),(c),(c),(c),(c),(c),(c),(c),(c),	ation means a facility in a which serves no more than whose primary diagnoses is hay also have other adult clients or three minor ary diagnoses is bilities but may also have to live with a family and the service. This facility shall be lowing rules: 10A NCAC 27G (4),(5)(A)&(B); (6); (7) H); (8); (11); (13); (15); (16); CAC 27G .0202(a),(d),(g)(1) .0203; 10A NCAC 27G .0205 27G .0207 (b),(c); 10A NCAC 10A NCAC 27G .0209[(c)(1) - edications only] (d)(2),(4); (e) ; and 10A NCAC 27G .0304 acility shall also be known as ring or assisted family living				
	Observations on 11	1 IS/ 19 AL Approximately 8:00				1

F2MO11

STATEMEN	of Health Service Realth Service Rea	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
MHLO		MHL034-380	D34-380 B. WING		11/15/2019	
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, SI	ATE, ZIP CODE	1	
SHARPE	AND WILLIAMS #8		NCOE STREET N SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 289	Continued From pa	ige 2	V 289			
	residents to sit on. - There was a card - Currently there are home. The the grou Observations of the no kitchen table for Interview on 11/15/ - The kitchen is to stable. - The clients have to television. Interview on 11/15/ Professional (QP) r - There was a bed back and all the livio out. - The card table set	table with four folding chairs. e four clients in the group up home is licensed for five. e kitchen revealed there was clients to eat meals. 19 with Staff #1 revealed: small for the clients to have a o sit at the card table to watch 19 with the Qualified				
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a saf	ty and Grounds Maintenance 303 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736			
	This Rule is not me Based on observati	et as evidenced by: ions and interviews the facility				

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AND PLAN OF CORRECTION		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 11/15/2019	
		MHL034-380				
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
SHARPE	AND WILLIAMS #8		NCOE STREET N SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 736	Continued From pa	ige 3	V 736			
	failed to maintain th attractive manner:	ne facility in a clean, safe and The findings are:				
	<ul> <li>Numerous clothing closet floor</li> <li>The closet did not hang Client #6's ite</li> <li>Client #6's televisities</li> <li>Numerous personand overflowing</li> </ul>	ent #2's bedroom revealed: g items were piled up on the t have adequate hangers to ms ion sat on a cardboard box hal items were in or on boxes ved in the wall next to the				
	Observations of Cli revelaed: - Bed frames were	ent #1 and 2's bedroom broke				
	- No closet space to hang or stow personal items and personal items were piled up in baskets					
	revealed black mole bathtub unit - Numerous clothin bathroom closet sp	ent #1 and 2's bathroom d and mildew covering the g items were piled up in the ace and soiled adults attends in the pile of clothing				
	- It is difficult to get personal belongs.	19 with Staff #1 revealed: the clients to stow their care to keep things orderly and ew days.				
	(QP) revealed: - We do work with t	19 with Qualified Professional the clients in stowing their difficult to get them to				

F2MO11

		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
MHL034-38(		MHL034-380	B. WING			15/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
SHARPE	AND WILLIAMS #8		NCOE STREE			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 742	27G .0304(a) Priva	су	V 742			
	EQUIPMENT (a) Privacy: Facilitie constructed in a ma	804 FACILITY DESIGN AND es shall be designed and anner that will provide clients ag, dressing or using toilet				
		et as evidenced by: ons the facility failed to nin the facility for clients: The				
	revealed the blind a broke and not in wo Observations of Cli	/15/19 of Client #1 and #2 at their bedroom windows were orking order to provide privacy ent #6's bedroom blinds were broke and did not				
		#1 revealed: new blinds need to be done size can be purchased.				
V 760	27G .0304(d) Indoc	or Space Requirements	V 760			
	EQUIPMENT (d) Indoor space re- licensed prior to Oc minimum square fo at that time. Unless Rules, residential fa	804 FACILITY DESIGN AND equirements: Facilities stober 1, 1988 shall satisfy the otage requirements in effect s otherwise provided in these acilities licensed after October the following indoor space				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		MHL034-380	B. WING		11/	15/2019
AME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HARPE	AND WILLIAMS #8		NCOE STREET			
			N SALEM, NC		CORRECTION	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 760	Continued From pa	ge 5	V 760			
	This Rule is not met as evidenced by: Based on observations and interviews the facility failed to provide at least minimum storage for client personal belongings. The findings are: Observation on 11/15/19 at approximately 8:00 am of client #1 and #2's bedroom revealed: - no dressers - no bedside tables - inadequate supply of hangers to hang personal items in the closets - two free standing closet were not in working					
	revealed: - no dressers - no bedside tables - inadequate supple items. Clothing item floor in a pile. Interview on 11/15/ - Client #4 did not k and which were cle Interview on 11/15/ - The clients will ke	e of hangers to hang personal as in the closet were on the 19 with Client #4 revealed: now which clothes were dirty				
	short time.					

F2MO11