

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-201	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2020
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NAME OF PROVIDER OR SUPPLIER WILSON'S CONSTANT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1228 NORTH HIGHLAND AVENUE 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 January 23, 2020. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility failed to be maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 1/23/2020, at approximately 12:18pm, of the inside of the facility revealed:</p> <ul style="list-style-type: none"> -The flooring from the entrance of the hallway to the end of the hall had been removed -The flooring had particle-like board the entire length of the hallway -Th flooring needed to be replaced throughout the hallway -There was a brown, curled cord hanging out of a hole in the hallway where the chime for the door bell was -There was a 5 inch by 5-inch hole in client #4's bedroom wall between the closet and the window. -The clients' bathroom mirror was peeling 	V 736		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> -The clients' bathroom ceiling was peeling -The kitchen counter top was missing part of the molding -The flooring in client #1's bedroom, in front of the dresser, was missing a piece of 12 by 12 tile -The flooring in front of the empty bed in client #1's bedroom was missing several 12 by 12 tiles. <p>Interviews on 1/23/2020 with clients #1, #2 and #3 revealed:</p> <ul style="list-style-type: none"> -The flooring in parts of the facility were torn -That flooring was supposed to be replaced soon. <p>Interview on 1/23/2020 with staff #1 revealed:</p> <ul style="list-style-type: none"> -The flooring in the hall had been removed. -The Associate Professional/Owner (AP/O) planned to have the flooring replaced. -A client got upset recently and punch a hole in her wall. -The AP/O was aware of the hole and was going to have it repaired -Was not sure what the brown wire was that hung out of the wall in the hallway but thought it might be from an old alarm but was not sure. <p>Interview on 1/23/2020 with the AP/O revealed:</p> <ul style="list-style-type: none"> -Was in the process of ordering new flooring and new counter tops -"As a matter of fact, [a national home improvement store] is on their way to take measurements for the flooring and the counter tops ..." -A client (#4) recently got upset and punched a hole in the wall and would be repaired. -The brown wire that hung out of the wall in the hallway was from a door bell chime that had been removed. -Would ensure the repairs were made and proof would be sent in via photographs and/or receipts to the Department of Health and Human Services 	V 736		

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V 736	Continued From page 2 with their plan of correction.	V 736		