PRINTED: 02/20/2020 FORM APPROVED

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-378 NAME OF PROVIDER OR SUPPLIER STREET AD | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED 02/20/2020 | |
|---|---|---|---|--|---|-------------------------|
| | | MHL034-378 | | | | |
| | | DDRESS, CITY, STATE, ZIP CODE | | | | |
| SHARPE | AND WILLIAMS #7 | | K GROVE CIRC N SALEM, NC | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| V 736 | 10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe | ty and Grounds Maintenance 603 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive | V 736 | | | |
| | failed to maintain th attractive manner. Observations on 2/ pm revealed: - hallway bathroom toilet paper holders | ons and interviews the facility le facility in a clean, safe and | | | | |
| | floors in Client's ro in need of cleaning client #3's bedrood was not sanded, fin living room carpet require a overall cleaning | m call revealed drywall which ished and painted and upstairs hallway carpet | | | | |
| | their rooms - the clients have a they want in their ro - the staff can assis clients will put thing | ed: working with the clients on choice to have and keep what | | | | |

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|---|---|--|---|--|--|--------------------------|
| | | MHL034-378 | | | | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| SHARPE | AND WILLIAMS #7 | | K GROVE CIR 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) COMPLETE DATE |
| V 736 | Continued From page 1 | | V 736 | | | |
| | on hangers, and will keep clothing in piles) | | | | | |
| | This deficiency is a re-cited deficiency and must be corrected within 30 days. | | | | | |
| V 760 | 27G .0304(d) Indoor Space Requirements | | V 760 | | | |
| | licensed prior to Oc minimum square fo at that time. Unless Rules, residential fa | 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 | | | | |
| | | ions and interviews the facility rsonal storage space for | | | | |
| | pm revealed: - client #2 had no of items are piled in pl corner of her room - client #2's closet a on the floor with oth papers, and black w - client #3's bedroo no dresser or bedsi | m stored a broken bed frame, | | | | |

F99M11

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|---|---|--|-----------------------------|--|-----------------------------------|-------------------------|
| | | MUI 024 278 | B. WING | | 02/20/2020 | |
| | | DDRESS, CITY, STATE, ZIP CODE | | 027 | 02/20/2020 | |
| | AND WILLIAMS #7 | 2650 OA | K GROVE CIRC N SALEM, NC | CLE | | |
| (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 AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| V 760 | sides and mattress frame - client #4 had no p mattress did not ap Interview on 2/19/20 Professional reveal - we have closets o - its difficult to get c items | did not appear to fit within the lace to hang clothes and pear to fit on box spring 0 with the Qualified ed: rdered lients to hang up clothing a re-cited deficiency and must | V 760 | | | |
| | | | | | | |

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