Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
,	o. oo		A. BUILDING:				
		MHL034-380	B. WING		02/1	9/2020	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
SHARPE	SHARPE AND WILLIAMS #8 937 GLENCOE STREET WINSTON 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	A follow-up survey of Deficiencies were	was completed on 2/19/20. cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.						
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive					
	failed to maintain the attractive manner.  Observations of Cli - Numerous clothin closet floor and through the clothing items we tubs and cardboard observations of Cli - Clothing items in pand in the corners of Interview on 2/19/2 - "If I had more hand - Observations of Cli - Observations of Cli - Observations of Cli	ons and interviews the facility he facility is a clean, safe, and The findings are:  ent #4's room revealed: high items remained on the bughout Client #4's room. The overflowing out of plastic boxes  ent #2's room revealed: blies along the bedroom wall					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			A. BOILDING.					
		MHL034-380	B. WING	<u></u>	02/1	9/2020		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE				
SHARPE	SHARPE AND WILLIAMS #8 937 GLENCOE STREET WINSTON 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
V 736	Continued From page 1		V 736					
	floor and corners of his room Clothing items were piled in boxes.							
	revealed: - adults depends ar closet in bathroom, closet on floor The bathroom itsesmell  Further observation bedroom revealed a clear plastic storage items in them. Numpiled in corners of the closet of the closet of the clear plastic storage items.	ient #3 and #4's bathroom  Ind soap bars on the floor of clothing items also piles in the  Ind a very strong urine  Ind sof Client #3 and #4's Ind stack of several or more Ind de drawers with no clothing Inderous clothing items were Independent when the bedroom.  Industrial was a stack of several or more Industrial was a stack of several or was a						
	It was difficult to g in cleaning and har they did have hange	et the consumers consistent nging up clothing items even if er.  stitutes a re-cited deficiency						
V 760	10A NCAC 27G .03 EQUIPMENT (d) Indoor space relicensed prior to Ocminimum square foat that time. Unless Rules, residential fa	or Space Requirements 304 FACILITY DESIGN AND equirements: Facilities stober 1, 1988 shall satisfy the lotage requirements in effect s otherwise provided in these acilities licensed after October the following indoor space	V 760					

Division of Health Service Regulation

STATE FORM 6899 WP0111 If continuation sheet 2 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
		MHL034-380	B. WING		02/1	9/2020	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
SHARPE	SHARPE AND WILLIAMS #8 937 GLENCOE STREET WINSTON SALEM, NC 27107						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST 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 760	Continued From pa	ge 2	V 760				
	failed to provide at I client personal belo  Observation on 2/19 revealed the followi - Client #1's room h floor and difficult to dirty.  There were no dreshang or put his clott - Client #4 's bedrood dresser.  - Client #2's bedrood over the bedroom fland along the wall.  - Client # 's bedrood clothing items in .  - Clothing items we bedroom floor and planterview on 2/19/20 - "Yes I would like many."  Interview on 2/19/20 - "Yes I would like many."  Interview on 2/19/20 - It is difficult to get cleaning and hanging they did have hanged - Clients often won't them.	ons and interviews the facilty least minimum storage for ngings. The findings are:  9/20 at approximately 2:00pm ng: ad clothing items all over the tell if clothing was clean or seers or abiltiy for Client #1 to hes away. Om had no hangers and no merevealed clothing items all foor and piled in the corners on had no dresser to place his re observed to be all over the piled in the corner.  O with Client #2 revealed; hore hangers, I don't have of with the Qualified ed: the consumers consistent in the gup clothing items even if ers. It use dressers when they have stitutes a re-cited deficiency					

Division of Health Service Regulation

STATE FORM 6899 WP0111 If continuation sheet 3 of 3