

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/10/2021
NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4408 NORTHAMPTON DRIVE WINSTON-SALEM, NC 27105		
(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	INITIAL COMMENTS A complaint and follow up survey was completed on March 10, 2021. The complaint (Intake #NC00175063) was unsubstantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27 .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR	V 118	V118: All medications will have a written physicians order. Any medication that are on the person's personal space will be accompanied with a self administered order obtain from physician. V131: All New hires or potential New hires personal health care Registry will be checked and criminal background record will be checked within the 5 days of hire timeframe	

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

TITLE

(X6) DATE

STATE FORM

6899

HN5011

If continuation sheet 1 of 7

DHSR - Mental Health

APR 06 2021

Lic. & Cert. Section

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V 118	<p>Continued From page 1</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility staff failed to obtain a written physician's order for 1 of 3 clients to self-medicate. The findings are:</p> <p>Observations on 3/9/21, at approximately 9:40am, of client #1's bedroom revealed: -A Tylenol bottle was visible in his clear three drawer night stand -The Tylenol was 500 mg tablets -There were 12 tablets left out of a bottle of 100 pills</p> <p>Review on 3/9/21 of client #1's record revealed: -An admission date of 10/1/20 -Diagnoses of Schizoaffective Disorder, COPD (Chronic Obstructive Pulmonary Disease, Hypothyroidism, Vitamin D Deficiency, Hyperlipidemia, Chronic Back Pain, Insomnia, Arthritis, Pre-Diabetes, Scoliosis, and Respiratory Failure -An assessment dated 10/1/20 noting "has continued to express his desire of moving closer to his family and residing in a facility that provides more means of social interaction and communication with other residents, was at a Psychiatric Residential Treatment Facility (PRTF) previously, his health is currently stable, has had chest x-rays to ensure his lungs are clear, needs to attend all medical appointments, needs</p>	V 118		

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V 118	Continued From page 2 assistance with ensuring his hygiene is completed, needs assistance with housework, laundry, meal preparation, money management, shopping and transportation, has difficulty communicating thoughts verbally, has disturbances in cognitive associations and has a history of inappropriate verbalization." -A treatment plan dated 10/1/20 noting "will express thoughts and feeling in a coherent and logical manner, will demonstrate reality-based thought process in verbal communication, will spend time with one or two other people in a structured activity, will learn one or two diversionary tactics that work to decrease anxiety and improving the ability to think clearly and speak more logically, will attend one structured group activity, will seek out supportive social contracts, will improve social interactions, use appropriate social skills in interactions, will maintain and interaction with another client while doing an activity, will demonstrate interest to start coping skills, will use appropriate skills to initiate and maintain interaction, will learn ways to refrain from responding to hallucinations, will state three symptoms when his stress levels are high, will state, using a scale from 1 to 10 that the voices he hears are less frequent and threatening, will identify two stressful events that trigger hallucinations, will demonstrate one stress reduction technique, will demonstrate techniques that help distract him from the voices, will verbalize recognition of delusional thoughts if they persist, will demonstrate satisfying relationships with real people, will develop trust in at least one staff member, will sustain attention and concentrating to complete tasks or activities, will demonstrate two effective coping skills that minimize delusional thoughts, will avoid high-risk environments, will respond to the medication within the therapeutic levels, will take short	V 118			

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V 118	<p>Continued From page 3</p> <p>voluntary rest periods during the day, will verbalize control of his feeling, will refrain from verbal threats and loud, profane language towards others, will decrease manipulative behaviors, will identify three signs that indicate possible need for intervention with their family member's mood escalates, will sleep at least 6 hours every night, will eat half of each meal plus at least one snack between meals, will bathe at least every other day while in the facility, will dress and groom self in an appropriate manner, will refrain from attempting suicide and will remain safe while in the facility, will demonstrate a reduction of self-destructive behaviors, will recognize frequent smoking of cigarettes as a problem and decide on appropriate health actions to correct them, will access the community at least 2-3 times per week, will gain control over his spending habits by utilizing a budget,"</p> <p>Review on 3/9/21 of client #1's medications revealed:</p> <ul style="list-style-type: none"> -Physician's orders, dated 2/16/21 and 3/4/21 for the following: -Artane 2mg ½, one by mouth twice daily -Famotidine 20mg, one by mouth twice daily -Trazodone 100mg, one by mouth every night -Citalopram 20mg, one by mouth every day -Levothyroxine 50mg, one by mouth every day -Lipitor 20mg, one by mouth every day -Zyprexa 15mg, two by mouth twice daily -Trazodone 50mg, one by mouth every night -Roflumilast 500mg, one by mouth every day -Vitamin D3, 1000mg, one by mouth every day -Aspirin 81mg, one by mouth every day -Toprol 25mg, one by mouth every day -Baclofen 10mg, one by mouth every day -Albuterol 108mcg inhale 2 puffs every 4 hours as needed -Ipratropium, inhale one vial 4 times per day 	V 118		

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V 118	<p>Continued From page 4</p> <p>-No physician's order for Tylenol -No physician's order allowing client #1 to self-medicate</p> <p>Interview on 3/9/21 with client #1 revealed: -When asked about the Tylenol in his bedroom, client #1 stated "I do have some Tylenol in my room. I keep it in my drawer. [My sister] brought it for me. I had one last night and one yesterday." -Stated he did not tell the facility staff he had the Tylenol in his room. -Did not think the doctor gave him a prescription for the Tylenol. -"One time the doctor said I could take it but not since I have moved here (10/1/20). [My sister] gave it to me after I had been living here (at the facility) for one month."</p> <p>Interview on 3/9/21 with a person whom wanted to remain anonymous revealed: -Approximately 2 weeks ago, a client at the facility had 2 Tylenol pills in their room -Was concerned because that client was not able to take his own medications. -"He could have taken them, turned around and taken more. The medications are supposed to be locked up ..."</p> <p>Interview on 3/9/21 with staff #1 revealed: -Stated client #1 liked to hoard things in his room. -Was not aware client #1 had an over the counter Tylenol bottle in his dresser. -"I don't even know how he could have snuck it in." -His family was not his legal guardian</p> <p>Interview on 3/10/21 with client #1's Legal Guardian revealed: -Was made aware this week that one of client #1 had a Tylenol bottle in his room.</p>	V 118		

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V 118	Continued From page 5 -Client #1 was unable to self-medicate. -"That has to stop. It could damage his liver." Interview on 3/9/21 with staff #3 revealed: -Moved into his role of Medication Technician 3 months ago. -Was not aware client #1 had over the counter Tylenol in his room -Would get with the QP to determine what the next step would be and how to dispose of the Tylenol or obtain a physician's order. Interview on 3/9/21 with the Qualified Professional (QP) revealed: -Was not aware client #1 had a bottle of Tylenol in his room -It was concerning that no one knew how he obtained it. -"If [client #1]'s wants Tylenol, I will ask his physician to write an order for it." -Clients' medications were to be locked up.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.	V 131		

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V 131	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to complete a Health Care Personnel Record (HCPR) check prior to hire for 2 of 3 (#1 and #3) staff. The findings are:</p> <p>Review on 3/10/21 of staff #1's record revealed: -A hire date of 3/2/21 -A job description of paraprofessional -A HCPR check completed on 3/9/21</p> <p>Review on 3/10/21 of staff #3's record revealed: -A hire date of 4/2/19 -A job description of paraprofessional -A HCPR check completed on 4/2/19</p> <p>Interview on 3/10/21 with the Qualified Professional (QP) revealed: -The Licensee was responsible for conducting the HCPR checks prior to hire.</p> <p>Interview on 3/10/21 with the Human Resource (HR) staff revealed: -Though the Licensee was responsible for conducting the HCPR checks, "I take blame for that. I am new to my position and in the future, I will ensure the HCPR checks are done prior to hire for new employees."</p>	V 131			



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

March 12, 2021

Kesha Spaulding, Chief Executive Officer
Sharpe and Williams
2740 New Walkertown Road
Winston-Salem, North Carolina 27105

Re: Complaint and Follow Up Survey completed March 10, 2021
Sharpe and Williams #2, 4408 Northampton Drive, Winston-Salem, NC 27105
MHL #034-303
E-mail Address: kspaulding@sharpeandwilliams.org
Intake #00175063

Dear Ms. Spaulding:

Thank you for the cooperation and courtesy extended during the complaint and follow up survey completed March 10, 2021. The complaint was unsubstantiated.

a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be *corrected* within 60 days from the exit of the survey, which is May 9, 2021

What to include in the Plan of Correction

- Indicate what measures will be put in place to *correct* the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to *prevent* the problem from occurring again.
- Indicate *who will monitor* the situation to ensure it will not occur again.
- Indicate *how often* the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at (861-6283).

Sincerely,

Laura Rodriguez

Laura Rodriguez, CI/I
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
_DHSR_Letters@sandhillscenter.org
Pam Pridgen, Administrative Assistant