

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-338</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/30/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHARPE AND WILLIAMS #5</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2042 TEMPLE STREET WINSTON SALEM, NC 27101</b>
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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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An Annual and Complaint Survey was completed on June 30, 2021. The complaint was substantiated (intake #NC00178361). A deficiency was cited.</p> <p>This facility is licensed for the following service category:</p> <ul style="list-style-type: none"> <li>- 10A NCAC 27G .5600A: Supervised Living for Adults with Mental Illnesses</li> </ul>	V 000	<p><i>New property manager has been hired to address the outlined maintenance issues and repairs cited in V736</i></p> <p><i>Repairs required will be submitted to maintenance company within 30 days and corrected within the 60 day allotted timeframe.</i></p>	
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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, interviews and record reviews, the facility and its grounds were not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Review on 6-29-21 of client #1 's facility record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 1-28-19</li> <li>- 41 years old</li> <li>- had a diagnosis of: - Schizoaffective Disorder</li> </ul>	V 736	<p><b>DHSR - Mental Health</b></p> <p><b>JUL 23 2021</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	

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

*Kedra Spence*

TITLE

*Agency Director*

(X6) DATE

*7/16/21*

Division of Health Service Regulation

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V 736	<p>Continued From page 1</p> <p>Review on 6-29-21 of client #2 ' s facility record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 10-3-15</li> <li>- 37 years old</li> <li>- had diagnoses of:                             <ul style="list-style-type: none"> <li>- Schizophrenia, Paranoid Type</li> <li>- Seizure Disorder</li> <li>- Alcohol Use Disorder</li> </ul> </li> </ul> <p>Review on 6-29-21 of client #3 ' s facility record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 1-3-18</li> <li>- 48 years old</li> <li>- had diagnoses of:                             <ul style="list-style-type: none"> <li>- Schizoaffective Disorder, Bipolar Type</li> <li>- Chronic Obstructive Pulmonary Disease</li> <li>- Vascular Disorder</li> <li>- Sickle Cell</li> <li>- Hyperlipidemia Disorder</li> </ul> </li> </ul> <p>Observations on 6-28-21 from approximately 9:45 am to 1:00 pm revealed:</p> <ul style="list-style-type: none"> <li>- older facility, very steep and small front yard, grass recently cut</li> <li>- bathroom type weighing scales were on ground to the left of front steps</li> <li>- shrubbery was excessively overgrown</li> <li>- paint on front porch steps was chipped and missing</li> <li>- paint on front porch was chipped and missing</li> <li>- storm door had been removed from front entry, hinges remained</li> </ul> <p>In the kitchen;</p> <ul style="list-style-type: none"> <li>- cabinets had paint chipped/missing</li> <li>- area around cabinet knobs was excessively</li> </ul>	V 736		