

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-332	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/23/2021
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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #4	STREET ADDRESS, CITY, STATE, ZIP CODE 1040 LINGER ROAD WINSTON SALEM, NC 27127
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 9/23/2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 108	<p>Continued From page 1</p> <p>clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that at least one staff who was trained in first aid and cardiopulmonary resuscitation (FA/CPR) was present when clients were present affecting 1 of 3 audited staff (Staff #1). The findings are:</p> <p>Review on 9/22/2021 of Staff #1's employee file revealed: - Hire date: 3/5/2021 - She did not receive training in FA/CPR until 7/20/2021.</p> <p>Interviews on 9/21/2021 and 9/22/2021 with staff #1 revealed: - She had initially worked as a "floater" at the facility until she took on the In-House Manager position around July 8th, 2021. - She currently worked a 24-hour shift for 3 weeks on and 1 week off at the facility. - She was the only staff present with clients during her shift. - When she had started work, there had been a "system issue" with the electronic training system and it did not "take" all of the training she had completed.</p> <p>Interviews on 9/22/2021 and 9/23/2021 with the Human Resources Director revealed: - Staff #1 should have had all of her trainings when she was first hired. - He did not find documentation that Staff #1 had</p>	V 108		

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V 108	Continued From page 2 received FA/CPR training prior to the 7/20/2021 certificate date.	V 108		
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 file followed up by appointment or consultation with a physician.	V 118		

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V 118	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that the MAR was kept current and that administration of medications was documented immediately following administration affecting 1 of 5 clients (#2). The findings are:</p> <p>Review on 9/23/2021 of Client #2's record revealed: - Admission date: 12/18/2021 - Diagnoses: Schizophrenia; Dementia; Chronic Obstructive Pulmonary Disease; and Bell's Palsy. - Physician's order for lorazepam 0.5mg twice daily (BID), originally dated 1/25/2021 with a refill order dated 7/20/2021.</p> <p>Reviews on 9/21/2021 and 9/22/2021 of Client #2's MARs dated 7/1/2021 to 9/21/2021 revealed: - There was no documentation of administration of lorazepam for the 8:00am dose on July 20-23, 26, 30, and 31; or for the 8:00pm dose on July 9, 15-17, 19-22, 26, 28, 30, and 31.</p> <p>Interview on 9/21/2021 with Client #2 revealed: - He knew he had been taking lorazepam and would recognize it if he could see the pills. - He had vision problems and could not clearly see what pills he was administered.</p> <p>Interview on 9/22/2021 with Staff #1 revealed: - She knew that Client #2 had once run out of lorazepam for a two-day period. - When there were blanks on the MARs, it could be due to internet connectivity issues. - The Qualified Professional (QP) reviewed MARs for accuracy.</p>	V 118		

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V 118	<p>Continued From page 4</p> <ul style="list-style-type: none"> - If she saw any blanks on the MARs, she would let the QP know. <p>Interview on 9/21/2021 with Staff #2 revealed:</p> <ul style="list-style-type: none"> - He was not aware of any problems with MARs. - As far as he knew, Client #2 had been administered all of his lorazepam doses correctly. - If he saw any blanks on the MARs, he would call the QP to inform her. <p>Interview on 9/22/2021 with the QP revealed:</p> <ul style="list-style-type: none"> - The facility used an electronic MAR system that would notify staff if a medication needed to be administered. - Facility staff were supposed to enter a comment on the MAR if a client did not receive a medication dose for any reason. - She did not know why there were blanks on Client #2's July MAR. <p>Interview on 9/23/2021 with the Administrative Assistant revealed:</p> <ul style="list-style-type: none"> - The QP and the Director were responsible for reviewing MARs for accuracy. 	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>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.</p>	V 131		

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V 131	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the HCPR prior to hire affecting 1 of 3 audited staff (#1). The findings are:</p> <p>Review on 9/22/2021 of Staff #1's employee file revealed: - Hire date: 3/5/2021 - The HCPR was not accessed until 4/6/2021</p> <p>Interview on 9/22/2021 with the Human Resources Director revealed: - He had pulled Staff #1's file for review and learned that the HCPR report had not been printed off and placed in her file when it was originally accessed at the time of her hire. - He had to re-check the HCPR and print off documentation for Staff #1 at a later date.</p>	V 131		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If</p>	V 133		

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V 133	<p>Continued From page 6</p> <p>the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to</p>	V 133		

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V 133	<p>Continued From page 7</p> <p>the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider.</p>	V 133		

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V 133	<p>Continued From page 8</p> <p>If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19,</p>	V 133		

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V 133	<p>Continued From page 9</p> <p>False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a</p>	V 133		

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V 133	<p>Continued From page 10</p> <p>criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to check the criminal history for 1 of 3 audited staff (#1) within 5 days of making the conditional offer of hire. The findings are:</p> <p>Review on 9/22/2021 of Staff #1's employee file revealed: - Hire date: 3/5/2021 - Her criminal history was not checked until 8/24/2021.</p> <p>Interview on 9/22/2021 with the Human Resources Director revealed: - He had checked Staff #1's criminal history at the time of her hire, but had not printed off confirmation of this at the time. - When he reviewed her file later, he realized that the confirmation of the criminal history check was not present. - He re-checked Staff #1's criminal history later.</p>	V 133		
V 139	<p>27G .0404 (F-L) Operations During Licensed Period</p> <p>10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD (f) DHSR shall conduct inspections of facilities</p>	V 139		

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V 139	<p>Continued From page 11</p> <p>without advance notice.</p> <p>(g) Licenses for facilities that have not served any clients during the previous 12 months shall not be renewed.</p> <p>(h) DHSR shall conduct inspections of all 24-hour facilities an average of once every 12 months, to occur no later than 15 months as of July 1, 2007.</p> <p>(i) Written requests shall be submitted to DHSR a minimum of 30 days prior to any of the following changes:</p> <p>(1) Construction of a new facility or any renovation of an existing facility;</p> <p>(2) Increase or decrease in capacity by program service type;</p> <p>(3) Change in program service; or</p> <p>(4) Change in location of facility.</p> <p>(j) Written notification must be submitted to DHSR a minimum of 30 days prior to any of the following changes:</p> <p>(1) Change in ownership including any change in partnership; or</p> <p>(2) Change in name of facility.</p> <p>(k) When a licensee plans to close a facility or discontinue a service, written notice at least 30 days in advance shall be provided to DHSR, to all affected clients, and when applicable, to the legally responsible persons of all affected clients. This notice shall address continuity of services to clients in the facility.</p> <p>(l) Licenses shall expire unless renewed by DHSR for an additional period. Prior to the expiration of a license, the licensee shall submit to DHSR the following information:</p> <p>(1) Annual Fee;</p> <p>(2) Description of any changes in the facility since the last written notification was submitted;</p> <p>(3) Local current fire inspection report;</p>	V 139		

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V 139	<p>Continued From page 12</p> <p>(4) Annual sanitation inspection report, with the exception of a day/night or periodic service that does not handle food for which a sanitation inspection report is not required; and</p> <p>(5) The names of individuals who are owner, partners or shareholders holding an ownership or controlling interest of 5% or more of the applicant entity.</p> <p>This Rule is not met as evidenced by: Based on records reviews and interviews, the facility failed to notify DHSR of an emergency change in location affecting 3 of 5 clients (#3, #4 & #5). The findings are:</p> <p>Review on 9/22/2021 of email notices from the Qualified Professional (QP) to Client #3, #4 and #5's Guardian Representatives revealed:</p> <ul style="list-style-type: none"> - On 8/10/2021, Clients #3, #4 and #5 were moved to sister facilities due to the basement flooding. - The moves were done on an emergency basis. - Clients #3, #4 and #5 would be moved back to the facility once repairs were completed. <p>Review on 9/21/2021 of the facility's Division of Health Services Regulation (DHSR) licensure system revealed:</p> <ul style="list-style-type: none"> - No notice of emergency relocation of clients had been submitted to DHSR following the 8/10/2021 move. <p>Interview on 9/21/2021 with Client #1 revealed:</p> <ul style="list-style-type: none"> - His bedroom had not been affected by the leak from the refrigerator. - Three other clients had to move to other 	V 139		

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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #4	STREET ADDRESS, CITY, STATE, ZIP CODE 1040 LINGER ROAD WINSTON SALEM, NC 27127
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V 139	<p>Continued From page 13</p> <p>facilities due to the water leak.</p> <p>Interview on 9/21/2021 with Client #2 revealed:</p> <ul style="list-style-type: none"> - The refrigerator leak resulted in the three clients (#3, #4 & #5) who had downstairs bedrooms to have to temporarily move to other facilities. <p>Interviews with Clients #3, #4 & #5 were not completed due to not having access to the clients at the time of survey.</p> <p>Interview on 9/21/2021 with Staff #1 revealed:</p> <ul style="list-style-type: none"> - There had been a water leak originating from the refrigerator that flooded the basement. - Clients #3, #4 and #5 had rooms in the basement. - Clients #3, #4 and #5 had been moved to sister facilities around the second week of August due to the flooding. - The QP and Director would know about whether an emergency relocation notice was made to DHSR. <p>Interviews with the QP on 9/21/2021 and 9/22/2021 revealed:</p> <ul style="list-style-type: none"> - On approximately 9/15/2021, a pipe in the refrigerator burst causing water to leak through the floor and pooling in the ceiling of the basement. - Water leaked through at least one of the light fixtures. - The clients that had rooms in the basement (#3, #4 & #5) were moved to sister facilities that had beds available. - She brought Clients #3, #4 and #5 back to the facility once a week in order for them to pick up clothing from their rooms. - She had notified Clients' Guardians, medical and psychiatric health providers, and the Assertive Community Treatment Teams for 	V 139		

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V 139	<p>Continued From page 14</p> <p>Clients #3 and #5.</p> <ul style="list-style-type: none"> - She had not completed the Emergency Relocation process as outlined on the DHSR website. - She did not know about the requirement to notify DHSR of the Emergency Relocation of clients. - She would ensure that the emergency relocation notification to DHSR was completed immediately. <p>Interviews on 9/22/2021 & 9/23/2021 with the Human Resources Director (HRD) revealed:</p> <ul style="list-style-type: none"> - The Agency Director was not scheduled to work during the week the survey was completed. - The Management Team, which included himself, the QP and the AA were covering for the Director in her absence. - The leak in early September was from a water line in the refrigerator that broke. - The flooring in the downstairs area was in the process of being replaced. - The three clients whose rooms were downstairs (Clients #3, #4 and #5) were moved to other Sharpe & Williams homes that had beds available. - The QP had completed the emergency relocation process. <p>No interview was conducted with the Director due to the Director having been off work during the week of the survey and not responding to a voicemail requesting a return call by the time of exit.</p>	V 139		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE</p>	V 536		

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V 536	<p>Continued From page 15</p> <p>INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; 	V 536		

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V 536	<p>Continued From page 16</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by</p>	V 536		

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V 536	<p>Continued From page 17</p> <p>observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p>	V 536		

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V 536	<p>Continued From page 18</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that 1 of 3 audited staff (#1) was trained in alternatives to restrictive interventions prior to working with clients. The findings are:</p> <p>Review on 9/22/2021 of Staff #1's employee file revealed: - Hire date: 3/5/2021 - She did not receive training on alternatives to restrictive interventions until 8/24/2021.</p> <p>Interviews on 9/21/2021 and 9/22/2021 with staff #1 revealed: - When she had started work, there had been a "system issue" with the electronic training system and it did not "take" all of the training she had completed. - She knew how to intervene with clients due to her experience with disabled family members. - He completed training on alternatives to restrictive interventions after she started working with clients.</p>	V 536		

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V 536	Continued From page 19 Interviews on 9/22/2021 and 9/23/2021 with the Human Resources Director revealed: - Staff #1 should have had all of her trainings when she was first hired. - He did not find documentation that Staff #1's had received training on alternatives to restrictive interventions prior to working with clients.	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility was not maintained in a safe, clean, orderly manner and free from offensive odors. The findings are: Review on 9/21/2021 of the facility's local Health Department Inspection of Residential Care Facility sanitation report dated 12/18/2020 revealed: - The facility had 17 demerits. - The demerits were cited in the areas of: - "Food service utensils and equipment: Food debris present on metal bowls, pans in kitchen cabinets. Thorough, detail cleaning needed throughout kitchen - inside drawers and cabinets, handle of refrigerator, etc. Replace pans with damaged coating. Microwave is not working; dish	V 736		

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V 736	<p>Continued From page 20</p> <p>machine needs to be thoroughly cleaned (it is currently unplugged). Disposable forks may not be reused. All pots, pans, and other utensils used in preparation or serving of food or drink shall be thoroughly cleaned after each use. Non-food contact surfaces of equipment shall be cleaned at such intervals as to keep them in a clean and sanitary condition. Disposable items shall be used only once; disposable utensils shall be purchased only in sanitary containers. Stored in a clean, dry place, and handled in a sanitary manner.</p> <p>- Toilet: handwashing: laundry and bathing facilities: Clean toilets, esp. (especially) in downstairs bathroom (REPEAT). Toilet seat in downstairs bathroom is damaged and needs replacement. Clean/replace areas of molded caulk at tub upstairs. Clean cabinets and drawers in bathrooms. Washer and dryer have scratched tops, top of dryer is rusting. Facilities shall be kept clean and in good repair.</p> <p>- Beds: linen: furniture: Clean under red couch cushions. Chair in living room with staining and minor damage around the arms. Bedroom #1 (upstairs bedroom belonging to Client #1) - repair handle on dresser ... box spring and mattress covers need cleaning. Bedroom #2 (upstairs bedroom belonging to Client #2): clean chair, dresser with exposed particleboard and needs replacement. Bedroom #3 (downstairs bedroom belonging to Clients #3 & #4): damage to top of dresser, 2 soiled pillows with no pillowcases. Bedroom #4 (downstairs bedroom belonging to Client #5 and vacant bed): replace missing knobs on right side of dresser. All furniture, mattresses, curtains, draperies, and other furnishings shall be kept clean and in good repair.</p> <p>- Floors: Additional cleaning of floors needed throughout, esp. corners in bathrooms, resident rooms, behind washer and dryer, under bed in</p>	V 736		

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V 736	<p>Continued From page 21</p> <p>Bedroom #2, by back door (REPEAT). All floors shall be easily cleanable and shall be kept clean and in good repair.</p> <ul style="list-style-type: none"> - Walls and ceilings: Replace water damaged ceiling tiles at dropped ceiling in Bedroom #3; replace 2 missing side panels. Clean door to Bedroom #3 (splash). Paint drywall in closet in Bedroom #4, clean wall above pillow (bed on left). Sand and repaint patched wall in upstairs bathroom. Clean dust from around ceiling vents, clean dust on wall beside washer. The walls and ceilings of all rooms and areas shall be kept clean and in good repair. - Lighting and ventilation: clean all windowsills (dust accumulation). Clean wall-mounted a/c (air conditioner) unit in Bedroom #3 (dust accumulation). Replace cover for light fixture in Bedroom #3. Ventilation equipment shall be kept clean and in good repair ..." <p>Review on 9/21/2021 of the facility's Division of Health Services Regulation (DHSR) Construction Section biennial survey completed on 5/8/2019 revealed:</p> <ul style="list-style-type: none"> - The facility was cited for deficient practice related to: - The screen on the kitchen storm door was damaged - The hall bathroom tub (upstairs) caulking was mildewed - The hall bathroom had a hole behind the door - The hall bathroom had a broken towel bar - The lower level right side bedroom (belonging to Clients #3 & #4) had ceiling tiles that were stained and falling out of their framework - The microwave/hood combination was not working and missing the grease filters - The ceiling fan light in the front right bedroom (belonging to Client #2) was missing 2 bulbs. 	V 736		

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V 736	<p>Continued From page 22</p> <p>Observation from approximately 1:35pm to 3:00pm on 9/21/2021 of the facility and it's grounds revealed:</p> <ul style="list-style-type: none"> - The demerits on the 12/18/2020 sanitation report noted above continued to be present and were not resolved. - The deficiencies cited during the 5/8/2019 DHSR Construction Section survey noted above continued to be present and were not resolved. - Additional observations that were not previously identified were: <ul style="list-style-type: none"> - Multiple dead insect larvae were present inside the non-working microwave mounted above the stove. - 8 bottles/jars of food items that were labeled as "refrigerate after opening" were partially used and stored in the kitchen cabinets. - A plastic bowl with brown, used cooking oil-like liquid was stored in a zipper-type bag in the kitchen cabinet; and two pots with similar liquid were stored inside the oven. - A greasy film was present on the cabinets above the stove. - Dead ants were present in a cabinet containing drinking glasses. - Disposable utensils were present in the dish drainer. - The countertop near the stove had two areas of broken/missing veneer. - The stove had heavy drip stain present on the front surface. - The refrigerator was pulled away from the wall and had stains on the front and sides. - The interior of the refrigerator had debris on the bottom shelves and in drawers. - 1 of 3 window blinds in the kitchen fell from it's bracket when attempting to open the blind. No attempt was made to open the other 2 blinds. - Dust accumulation was present on the windowsills. 	V 736		

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V 736	<p>Continued From page 23</p> <ul style="list-style-type: none"> - A light fixture above the refrigerator was hanging loose from the ceiling. - Minor drip stains were present on the chest-type freezer in the kitchen. - A second chair present in the living room was heavily stained. - Dust was clinging to a hanging cobweb on the living room ceiling. - The ceiling mounted air intake in the hallway was covered with dust. - The upstairs bathroom had a large roll of toilet tissue on the counter which was partially wet. - A soap-like film was present on the shelf in the bathtub surround. - Unidentified debris was hanging on the flush-mounted ceiling fixture casing and light bulb in the upstairs bathroom. - There was patched, but unpainted sheetrock behind the bathroom door at handle height. - No towels or other hand-drying supplies were present in the bathroom. - In Client #1's bedroom, the window blind had a broken slat. - In Client #2's bedroom, 1 of 2 sliding closet doors was missing, and the 4-bulb ceiling fan light fixture had two empty light sockets, and 1 non-working light bulb. - Stains were present on the stair steps leading to the downstairs level. - 4 of 6 lights in the open area at the base of the stairs were not working. - Piles of debris, empty laundry detergent bottles, and dirty towels were on the floor in the laundry alcove. - In Clients #3 & #4's bedroom, a body/foot odor was present; clothing, shoes, and personal items were scattered across the floor, on the beds, and across furniture; the dresser had broken drawers and damage on the top; there was no cover over the ceiling-mounted light fixture; the top and sides 	V 736		

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V 736	<p>Continued From page 24</p> <p>of bedside tables and dressers were heavily stained; a partially-made bed mattress was stained.</p> <ul style="list-style-type: none"> - In the downstairs bathroom, hair clippings and cigarette ash were in the sink and on top of the sink vanity; brown/black mildew-like stains were present on the shower caulk/grout; partially used bar of soap was on the floor of the shower, the toilet seat had areas of peeled paint; the toilet bowl was stained; stains were present on the wall; debris was present on the floor. - In Client #5's bedroom, 1 of 2 beds only had a box spring, which was stained; 1 pillow on the other bed did not have a pillow case and was heavily stained; there were areas of chipped and stained paint on the walls; the closet door was damaged at the bottom, causing the veneer to catch on the door frame when the door was opened; there was a pile of swept-up trash on the floor; clothing, shoes and personal items were scattered on the floor. - The exterior storm door at the kitchen was heavily stained, was missing the closer mechanism, and the screen was hanging loose from the frame. - A large limb was lying on the ground beneath a tree in the back yard. <p>Interview on 9/21/2021 with Client #1 revealed:</p> <ul style="list-style-type: none"> - Both facility staff and clients were supposed to clean the facility. - Clients knew that they were supposed to wash their dishes when they dirtied them. - Facility staff checked behind clients to ensure cleaning was done. - The microwave had not worked "for a long time. I'm not sure about the dishwasher ..." - Facility staff washed dishes, but asked clients to do their own. - He knew what food items needed to be kept 	V 736		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-332	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/23/2021
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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #4	STREET ADDRESS, CITY, STATE, ZIP CODE 1040 LINGER ROAD WINSTON SALEM, NC 27127
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V 736	<p>Continued From page 25</p> <p>refrigerated, but other clients were not competent to know how.</p> <ul style="list-style-type: none"> - Facility staff would save used cooking oil to re-use occasionally. <p>Interview on 9/21/2021 with Client #2 revealed:</p> <ul style="list-style-type: none"> - He did not know who was responsible for ensuring that repairs were made to the facility. - He needed another door on his closet. - Facility staff checked to ensure food items were stored correctly. - The microwave had not worked in approximately one year. - The dishwasher had been broken for about two years. - He had vision problems, and the light in his bedroom was not bright enough. - His towel had been missing for approximately one month, so he had to dry off with his bathrobe. <p>Interviews with Clients #3, #4 & #5 were not completed due to not having access to the clients at the time of survey.</p> <p>Interviews on 9/21/2021 and 9/22/2021 with Staff #1 revealed:</p> <ul style="list-style-type: none"> - She had cleaned the microwave and did not know how insect larvae could have gotten into it. - When anything in the facility broke, facility staff were supposed to make note of it in the electronic communication system they used. - In addition to noting needed repairs in the electronic communication system, she sent a text message to the Administrative Assistant (AA). - The AA took care of coordinating repairs. - If clients did not clean their personal areas, she would do so. - She and the Qualified Professional (QP) had tried to brainstorm ways to get clients to clean their personal areas. 	V 736		

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V 736	<p>Continued From page 26</p> <ul style="list-style-type: none"> - It was difficult to get clients to clean behind themselves consistently. <p>Interview on 9/21/2021 with Staff #2 revealed:</p> <ul style="list-style-type: none"> - Facility staff had informed management staff about repairs needed at the facility. - It took a long time for maintenance staff to respond. - The process for reporting maintenance issues was to notify the AA. - The AA then contacted Maintenance. - The Director had "a couple" of Maintenance staff she used. - When Maintenance went to the facility, they would look at the area needing repair. - If Maintenance needed to get prior approval for a repair, they would wait to do anything. - Staff #1 did the cleaning at the facility. - If clients made a mess, they were supposed to clean up after themselves. - The microwave had not worked in a long time. - He did not know when the dishwasher had last been used. - The used cooking oil in the cabinet and stove was not his. - A deep cleaning of the facility had been done, but he could not recall the exact date. <p>Interviews with the Qualified Professional (QP) on 9/21/2021 and 9/22/2021 revealed:</p> <ul style="list-style-type: none"> - She had been present when the microwave was cleaned and did not know how insect larvae got into it. - The stove had been clean earlier in the year. - She did not know about the used cooking oil stored in the cabinet and stove. - Clients at the facility would break things even after they were repaired. - The washer and dryer still worked, so they had not been replaced. 	V 736		

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V 736	<p>Continued From page 27</p> <ul style="list-style-type: none"> - She had started working as the QP at the facility after the Sanitation inspection and the DHSR Construction Section survey had been completed. - She did not know what steps the previous QP had taken to resolve identified issues following the earlier inspections. <p>Interviews on 9/22/2021 and 9/23/2021 with the AA revealed:</p> <ul style="list-style-type: none"> - New utensils, pots and pans had been ordered for the Licensee's facilities within the past six months. - Clients at the facility had thrown away forks before. - The oven had been cleaned thoroughly around the beginning of the year. - The microwave and dishwasher were not being used by facility staff or clients. - When she received information from facility staff about repairs that were needed at the facility, she contacted a Maintenance Company. - The Director had set up the contract for the facility to use the Maintenance Company. - The Maintenance Company did not always respond quickly. <p>Interviews on 9/22/2021 and 9/23/2021 with the Human Resources Director (HRD) revealed:</p> <ul style="list-style-type: none"> - The Agency Director was not scheduled to work during the week the survey was completed. - The Management Team, which included himself, the QP and the AA, were covering for the Director in her absence. - Clients were supposed to clean their own bedrooms. - Part of clients' behaviors were that they would not clean up after themselves and would break items. - Facility staff were supposed to clean up if clients did not do so. 	V 736		

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V 736	<p>Continued From page 28</p> <ul style="list-style-type: none"> - The AA made arrangements for the Maintenance Company to make repairs as needed. - The Maintenance Company did not always respond quickly. - The Director had made the arrangements to use the Maintenance Company. <p>No interview was conducted with the Director due to the Director having been off work during the week of the survey and not responding to a voicemail requesting a return call by the time of exit.</p> <p>Review on 9/23/2021 of the Plan of Protection dated 9/23/2021 completed by the QP revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <ul style="list-style-type: none"> - The In-House Manager will dispose of the food debris pans and metal bowls and the Administrative assistant will order new bowls, pots and pans and will make sure they are delivered in the groceries on Thursday 09/23/2021. - The In-House Manager has started, as of 9/22/2021 to thoroughly clean the kitchen and have disposed of utensils that are one use only. The administrative assistant has purchased oven cleaner and extra cleaning products and will be delivered with groceries on 09/23/2021. - The administrative assistant will contact [the Maintenance Company] this week to remove and replace the molded caulk in the shower, replace the toilet seat. The In-House manager has started the cleaning and [the Maintenance Company] will be out this week and repairs are expected to be done by Friday 9/24. - The administrative assistant contacted [the Maintenance Company] on Wednesday afternoon, 9/22/2021 and Thursday 9/23/2021 to 	V 736		

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V 736	<p>Continued From page 29</p> <p>repair water damaged tiles, repair light fixtures and repaint drywall</p> <ul style="list-style-type: none"> - The In house manager has started cleaning all vents and window ceils (sills) <p>Describe your plans to make sure the above happens.</p> <ul style="list-style-type: none"> - The Qualified Professional, [the QP's name], will do a walk through each week to ensure the safety and cleanliness of the home. - The Administrative assistant will contact [the Maintenance Company] to make sure that maintenance issues are being resolved this week. This will be conducted while the administrative assistant does her grocery list each week. - The HR director will ensure that the staff is updated on all training this week, no later than 9/24/2021. This will ensure that the staff is educated the safety of the home and consumers. The In House manager (Staff #1) have started to sanitize the home daily and have reported maintenance issues to the administrative assistant as they arise after the walkthrough of both the qualified professional and the administrative assistant. The In House manager has started to clean the laundry area daily and make sure the vents are clean in and behind the dryer, to prevent lint buildup. The administrative assistant has contacted [the Maintenance Company] property maintenance on 9/21 to remove the microwave. [The Maintenance Company] property maintenance will be removing the microwave on 9/24/2021." <p>This deficiency has been cited 3 times since the original cite on 11/15/2019.</p> <p>The facility was licensed as a Supervised Living for Adults with Mental Illness and served 5 adult males who had diagnoses that included Schizophrenia, Mild Intellectual Disabilities,</p> 	V 736		

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V 736	<p>Continued From page 30</p> <p>Dementia, Glaucoma, Blindness, and Bell's Palsy. The facility had been cited by DHSR multiple times since 5/8/2019 for a variety of physical plant issues. They had also received 17 demerits during their 12/18/2020 sanitation inspection by the local Health Department. Despite directives to address cleanliness and maintenance problems in the facility, the identified problems remained uncorrected with additional deficient practice identified during the walkthrough of the facility on 9/21/2021. Observation of the facility on 9/21/2021 revealed health and safety issues such as: insect larvae in the microwave, un-refrigerated, open food containers in the cabinets, used cooking grease/oil stored in a cabinet and the stove, heavily stained furniture in the living room and client bedrooms, bedding and mattresses that were heavily stained, and mildewed caulking in both bathrooms. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 736		