Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ANDILAN	or dortheories	IDENTIFICATION NOMBER.	A. BUILDING: _		
		MHL034-332	B. WING		R 12/22/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
SHARPE AND WILLIAMS #4			ER ROAD SALEM, NC 2	7127	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{V 000}	INITIAL COMMENTS	1	{V 000}		
	A deficiency was cited	as completed on 12/22/2021. d. d for the following service			
	category: 10A NCAC Living for Adults with	27G .5600A Supervised Mental Illness.			
	The survey sample of current clients.	onsisted of audits of 2			
{V 736}	27G .0303(c) Facility	and Grounds Maintenance	{V 736}		
		EMENTS			
	interviews, the facility	as evidenced by: ews, observations and v was not maintained in a nanner. The findings are:			
	the Administrative Asmaintenance compar - The emails were da 10/6/2021. - An email addressed on 9/28/2021, but no	1 of an email chain between sistant (AA) and a contract by revealed: ted from 9/29/2021 to I removal of the microwave other maintenance issues at			
	the facility. Review on 12/22/202 9/30/2021 to 12/14/20	1 of service receipts dated 021 from the facility's			

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		MHL034-332	B. WING		12/22/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	ATE, ZIP CODE	
		1040 LIN	GER ROAD		
SHARPE	AND WILLIAMS #4	WINSTO	N SALEM, NC 2	7127	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
{V 736}	Continued From page	e 1	{V 736}		
	contract maintenance	company rayoglad:			
	- 12/14/21: a drain pip				
	- 12/13/21: a "mini-sp				
		ating system was inspected.			
		(heating, ventilation and air			
		was serviced and the filter			
	changed.	was sorviesd and the inter			
	- 11/1/21: "lawn service	ce" was completed.			
	- 9/30/21 lawn service				
	- No other maintenance services were				
	documented.				
	Review on 12/21/202	1 of the facility's local Health			
	Department Inspectio				
	Facility sanitation rep				
	revealed:	011 44104 12, 10, 2020			
	- The facility had 17 d	lemerits.			
	- The demerits were of				
	- "Food service uter	nsils and equipment			
	Replace pans with da	maged coating dish			
	machine needs to be	thoroughly cleaned (it is			
	currently unplugged)				
		ng: laundry and bathing			
		s Clean/replace areas of			
		pstairs. Clean cabinets and			
		s. Washer and dryer have			
	scratched tops, top of	-			
		ure: Clean under red couch			
		ng room with staining and			
	_	d the arms Bedroom #3 belonging to Clients #3 &			
		f dresser, 2 soiled pillows			
		Bedroom #4 (downstairs			
		Client #5 and vacant bed):			
		esses, curtains, draperies,			
		shall be kept clean and in			
	good repair	z so nope oldan and m			
		: Replace water damaged			
		d ceiling in Bedroom #3;			
		e panels. Clean door to			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED
		MHL034-332	B. WING		R 12/22/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
SHARPE	AND WILLIAMS #4		GER ROAD ISALEM, NC 2'	7497	
					N.
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
{V 736}	Continued From page	e 2	{V 736}		
	Bedroom #3 (splash) Bedroom #4, clean w Sand and repaint patheathroom. Clean dustonable the walls and ceiling shall be kept clean are - Lighting and ventiful (dust accumulation). conditioner) unit in Beaccumulation). Replation Bedroom #3. Ventilaticlean and in good representation of the walls are sentiled to the sentiled bedroom #3. Ventilaticlean and in good representation of the walls are sentiled bedroom #3. Ventilaticlean and in good representations of the walls are sentiled bedroom #3. Ventilaticlean and in good representations of the walls are sentiled bedroom #3. Ventilaticlean and in good representations of the walls are sentiled bedroom #3. Ventilaticlean and in good representations of the walls are sentiled bedroom #3. Ventilaticlean and in good representations of the walls and ceiling shall be kept clean are sentiled bedroom #3. Ventilaticlean and in good representations of the walls and ceiling shall be kept clean are sentiled bedroom #3. Ventilaticlean and in good representations of the walls and ceiling shall be kept clean are sentiled bedroom #3. Ventilaticlean and in good representations of the walls are sentiled bedroom #3. Ventilaticlean and in good representations of the walls are sentiled bedroom #3. Ventilaticlean and in good representations of the walls are sentiled bedroom #3. Ventilaticlean and in good representations of the walls are sentiled bedroom #3. Ventilaticlean and in good representations of the walls are sentiled bedroom #3. Ventilaticlean and in good representations of the walls are sentiled bedroom #4.	. Paint drywall in closet in rall above pillow (bed on left). ched wall in upstairs t from around ceiling vents s of all rooms and areas and in good repair. Ilation: clean all windowsills Clean wall-mounted a/c (air edroom #3 (dust ce cover for light fixture in ion equipment shall be kept			
	- 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 h - The lower level right Clients #3 & #4) had and falling out of their - The ceiling fan light	nad a hole behind the door. t side bedroom (belonging to ceiling tiles that were stained			
	kitchen at approximate revealed: - The screen on the stand hanging loose from				
	Review of the sanitat biennial survey and o its grounds at approx 12/21/2021 revealed:	bservation of the facility and imately 3:30pm on			

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MHL034-332 MMR GP PROVIDER OR SUPPLIER STREETADDRESS, CITY, STATE, JIP CODE 1040 LINGER ROAD WINSTON SALEM, NC 27127 WINSTON SALEM, NC 27127 [VA 31D] (VA 31D]	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 1040 LINGER ROAD WINSTON SALEM, NC 27127 WINSTON SALEM, NC 27127 [KM3 ID PRESULATORY OR LISC IDENTIFYING INFORMATION) (V 736) Continued From page 3 -The demerits on the 12/18/2020 sanitation report noted above continued to be present and were not resolvedThe deficiencies cited during the 5/8/2019 DHSR Construction Section survey noted above continued to be present and were not resolvedThe celling fan light in the front right bedroom was missing 3 bulbs instead of the 2 previously observedThe upstairs hall bathroom wall had holes in the sheetrock in locations consistent with towel bar bracket placementBedroom #4 was locked with no access to allow observationTwo bottles/jars of food items that were labeled as "refrigerate after opening" were partially used and stored in the kitchen cabinets A greasy film was present on the cabinets above the stove The sove had heavy drip stain present on the front surface Dust accumulation was present on the windowsilis A light fixture above the refrigerator was hanging loose from the ceiling A second chair present in the living room was heavily stained In the upstairs bathroom: - The tup endesive had some new caulk around the top edge of the tub but continued to have mildew-like stains on the caulk around the ites above the tub; the ceiling mounted air intake in the hallway was covered with dust; soap and wet				A. BUILDING: _			
MANGE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1040 LINGER ROAD WINSTON SALEM, NC 27127 (X4) ID PREPRIX TAG (X736) CONTINUED FOR TWO PROVIDERS PLAN OF CORRECTION (EACH DEPICIENCY MUST SEP PRECEDED BY PILL TAG (X736) CONTINUED FOR TWO PROVIDERS PLAN OF CORRECTION OF CONRECTION (X736) CONTINUED FOR TWO PROVIDERS PLAN OF CORRECTION OF CONRECTION (X736) CONTINUED FOR TWO PROVIDERS PLAN OF CORRECTION OF CONRECTION (X736) CONTINUED FOR TWO PROVIDERS PLAN OF CORRECTION OF CORRECTION (X736) CONTINUED FOR TWO PROVIDERS PLAN OF CORRECTION OF CORRECTION (X736) CONTINUED FOR TWO PROVIDERS PLAN OF CORRECTION OF	MHI 034-332						
MARPE AND WILLIAMS #4 SUMMARY STATEMENT OF DEFICIENCIES MINISTON SALEM, NC 27127 MAI ID REPEX SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE			MHL034-332	B. WING		12/22/2021	
CAST	NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
(X4) ID REEFIX TAG SUMMARY STATEMENT OF DEFICIENCIES TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY)) (V 736) Continued From page 3 - 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. - The celling fan light in the front right bedroom was missing 3 bulbs instead of the 2 previously observed. - The upstairs hall bathroom wall had holes in the sheetrock in locations consistent with towel bar bracket placement. - Bedroom #4 was locked with no access to allow observation. - Two bottles/jars of food items that were labeled as "refrigerate after opening" were partially used and stored in the kitchen cabinets. - A greasy film was present on the cabinets above the stove. - The countertop near the stove had two areas of broken/missing veneer. - The stove had heavy drip stain present on the front surface. - Dust accumulation was present on the windowsills. - A light fixture above the refrigerator was hanging loose from the celling. - A second chair present in the living room was heavily stained. - In the upstairs bathroom: - The tube enclosure had some new caulk around the top edge of the tub but continued to have mildew-like stains on the calik around the tiles above the tub; the celling mounted air intake in the hallway was covered with dust; soap and wet	CHARRE	A NID 14/11 I I A NAO #4	1040 LIN	GER ROAD			
CACH CORRECTIVE ACTION SPIGLUS E PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DATE	SHARPE	AND WILLIAMS #4	WINSTO	N SALEM, NC 2	7127		
- 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 The ceiling fan light in the front right bedroom was missing 3 bulbs instead of the 2 previously observed The upstairs hall bathroom wall had holes in the sheetrock in locations consistent with towel bar bracket placement Bedroom #4 was locked with no access to allow observation Two bottles/jars of food items that were labeled as "refrigerate after opening" were partially used and stored in the kitchen cabinets A greasy film was present on the cabinets above the stove The countertop near the stove had two areas of broken/missing veneer The stove had heavy drip stain present on the front surface Dust accumulation was present on the windowsills A light fixture above the refrigerator was hanging loose from the ceiling A second chair present in the living room was heavily stained In the upstairs bathroom: - The tub enclosure had some new caulk around the top edge of the tub but continued to have mildew-like stains on the caulk around the teles above the tub, the ceiling mounted air intake in the hallway was covered with dust, soap and wet	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE COMPLETE	
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 The ceiling fan light in the front right bedroom was missing 3 bulbs instead of the 2 previously observed The upstairs hall bathroom wall had holes in the sheetrock in locations consistent with towel bar bracket placement Bedroom #4 was locked with no access to allow observation Two bottles/jars of food items that were labeled as "refrigerate after opening" were partially used and stored in the kitchen cabinets A greasy film was present on the cabinets above the stove The countertop near the stove had two areas of broken/missing veneer The stove had heavy drip stain present on the front surface Dust accumulation was present on the windowsills A light fixture above the refrigerator was hanging loose from the ceiling A second chair present in the living room was heavily stained In the upstairs bathroom: - The tub enclosure had some new caulk around the top edge of the tub but continued to have milddew-like stains on the caulk around the tiles above the tub; the ceiling mounted air intake in the hallway was covered with dust; soap and wet	{V 736}	Continued From page	e 3	{V 736}			
- A soap-like film was present on the shelf in the bathtub surround; unidentified debris was hanging on the flush-mounted ceiling fixture	{V 736}	- The demerits on the report noted above or were not resolved The deficiencies cite DHSR Construction Scontinued to be prese The ceiling fan light was missing 3 bulbs i observed The upstairs hall baseletrock in locations bracket placement Bedroom #4 was loc observation Two bottles/jars of foas "refrigerate after of and stored in the kitcle A greasy film was put the stove The countertop near broken/missing vener The stove had heave front surface Dust accumulation windowsills A light fixture above loose from the ceiling A second chair presentavily stained In the upstairs bathred the top edge of the turn mildew-like stains on above the tub; the cethe hallway was covertoilet paper were presentations.	a 12/18/2020 sanitation ontinued to be present and sed during the 5/8/2019 Section survey noted above ent and were not resolved. In the front right bedroom instead of the 2 previously throom wall had holes in the sconsistent with towel bar cked with no access to allow bood items that were labeled pening" were partially used nen cabinets. The second on the cabinets above of the stove had two areas of ear. It is to the stove had two areas of ear	{V 736}			

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STATEMEN	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		MHL034-332	B. WING		R 12/22/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
SHARPE	AND WILLIAMS #4	1040 LING	GER ROAD		
OHARI E	AND WILLIAMO #4	WINSTON	SALEM, NC 27	7127	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODERICATION SHOULD BE APPRODE TO THE APPRODE APPRODE APPROPRIES OF THE A	LD BE COMPLETE
{V 736}	Continued From page	e 4	{V 736}		
{v 730}	with hair and other stathe wall baseboard halength near the toilet; unpainted sheetrock handle height; and the hand-drying supplies - In Client #1's bedrood broken slat. - In Client #2's bedrood doors was missing, a fixture had three emp - In Clients #3 & #4's broken drawers and with the top; there was no ceiling-mounted light bedside tables and do a partially-made bed - In the downstairs baseboard brown/black mildew-lishower caulk/grout; swall; there were brown the floor and baseboard there were empty cigatobacco in the drawer - The exterior storm of heavily stained, was a mechanism, and the strom the frame. - A limb approximated diameter was lying or in the back yard. Interview on 12/21/20 - The basement had In DHSR survey in Septing - The washer and dry - The kitchen had been Qualified Professional	ains on the top and sides; ad black stains along its there was patched, but behind the bathroom door at ere were no towels or other present in the bathroom. om, the window blind had a om, 1 of 2 sliding closet and the 4-bulb ceiling fan light ty light sockets. bedroom: the dresser had worn and peeling veneer on cover over the fixture; the top and sides of ressers were heavily stained; mattress was stained. Athroom: there were like stains present on the trains were present on the myblack stains present on the my	{v 130}		
	bedside tables and dia partially-made bed In the downstairs babrown/black mildew-lishower caulk/grout; swall; there were brow the floor and baseboathere were empty cigatobacco in the drawer. The exterior storm of heavily stained, was a mechanism, and the afrom the frame. A limb approximated diameter was lying or in the back yard. Interview on 12/21/20. The basement had be bed by the washer and dry. The kitchen had bed Qualified Professional everything She clean	ressers were heavily stained; mattress was stained. throom: there were like stains present on the tains were present on the n/black stains present on ard behind the toilet; and arette wrappers and loose rs of the sink vanity cabinet. loor at the kitchen was missing the closer screen was hanging loose y 15 feet long by 4 inches in the ground beneath a tree 221 with Client #1 revealed: been repaired since the last tember. er had not been replaced. en "cleaned a lot. [The II (QP)] ransacked			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _		_		
		MHL034-332	B. WING		R 12/22/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SHADDE A	AND WILLIAMS #4	1040 LING	GER ROAD			
SHARFE	AND WILLIAMS #4	WINSTON	SALEM, NC 2	7127		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
{V 736}	Continued From page	÷ 5	{V 736}			
(* 100)	screen door in the kite - He did not know if a the upstairs sections - In order to clean the out the spray and clea Interview on 12/21/20 - His bedroom closet doors replaced He did not know if tr - The stove "kinda sm burner" - He wished that there bathroom The facility needed a - The icemaker and w refrigerator did not wo	chen. ny repairs had been made in of the facility. furniture, facility staff "bring an it, and they vacuum" 121 with Client #2 revealed: still needed to have the ne oven had been cleaned. nokes a little because of the e was a towel rod in the an electric dishwasher. vater dispenser on the	(v 100)			
	recently She did not know what repairs had been made at the facility She had not cleaned the oven since she had started working She washed dishes by hand, so did not know if the dishwasher worked or not.					
	was "this morning." - The washer and dry the reason she went of - No one ever sat in the of. - She thought the living	ired. downstairs once, and that er worked fine, which was				
	- He had helped clear					

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
			D MINO		R
		MHL034-332	B. WING		12/22/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
SHADDE	AND WILLIAMS #4	1040 LING	GER ROAD		
OHARI E	AND WILLIAMO #4	WINSTON	I SALEM, NC 2	7127	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
{V 736}	Continued From page	e 6	{V 736}		
	clean the bathrooms Facility staff had bee	en told by management staff lity was "State-ready" and			
	Assistant (AA) reveal				
	 - Her role was to communicate with the contract maintenance company. - She was not involved in coordinating major repairs at the facility. - The QP was in charge of scheduling major repairs. 				
	Interviews on 12/21/2 QP revealed:	021 and 12/22/2021 with the			
		en told to throw out the old			
		ns were not being used. s unplugged and not used by			
	- The light fixture ove				
	supposed to have be - New storage cabine clients' bedrooms.	en fixed already. ts had been ordered for			
	- The loose tobacco in the bathroom drawers was likely present because Client #1 went there to roll his own cigarettes.				
	- Most of the unresolv	ved issues were due to the company having not yet			
	completed the request - Facility staff had to I the facility.	sted repairs. oe told repeatedly to clean			
	the facility. - She had constantly informed facility staff that they needed to have the facility and its grounds ready for State inspection.				
	- She had helped clea herself, but it would re cleaned.	an mildew in the facility eappear within days of being			
	- The AA emailed the	contract maintenance	1		

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DIVISION	or riealin Service Regu	liation				
	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
					_	_
			B. WING		F	
		MHL034-332	B. WING		12/2	22/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		1040 I IN	GER ROAD			
SHARPE	AND WILLIAMS #4		N SALEM, NC 2	7127		
			TOALLIII, NO 2			T
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	`	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
1710		,	1,7.0	DEFICIENCY)		
0 / 700)	0 " 15	_	0 / 700)			
{V 736}	Continued From page	e /	{V 736}			
	company when there	were repairs needed.				
	Interview on 12/22/20	021 with the Director				
	revealed:					
	- Some of the correct					
	_	luded: clients' dressers were				
	repaired, the microwa	ave was removed, the toilet				
	seat in the downstairs	s bathroom was replaced,				
	the floors were cleane	ed, carpets were				
	shampooed.					
	- She and the QP had helped clean at the facility					
	themselves.					
	- She and the QP had	d reminded facility staff				
		t needed to be done to keep				
	the facility clean.					
	- She planned to com	plete a thorough cleaning of				
	the facility, and then h	have the local Sanitation				
	Inspector re-inspect t	he facility.				
	- She had listed seve	ral things on the plan of				
	correction (POC) for t	the 9/23/2021 DHSR annual				
	and follow up survey,	and those things had been				
	completed.					
	- She thought that the	e things she listed on the				
	POC were the only or	nes that had to be completed				
	by the time of the follo	ow up survey.				
		o have corrected all of the				
	issues identified durir	ng the 9/23/2021 survey				
	within the 45-day corr	rection period.				
	- She had not had the	e opportunity to visit the				
	facility since Novemb	er.				
	- The Owner of the bu	uilding was possibly going to				
	sell it, but that was no					
		o moving to a building that				
	the Licensee could ov	wn and control.				
		1 of the Plan of Protection				
		tten by the QP revealed:				
		ction will the facility take to				
		he consumers in your care?				
	The facility will make	sure all living areas,				

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
				R
	MHL034-332	B. WING		12/22/2021
NAME OF PROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STAT	E, ZIP CODE	
CHADDE AND WILLIAMS #4	1040 LIN	GER ROAD		
SHARPE AND WILLIAMS #4	WINSTO	N SALEM, NC 27	127	
PREFIX (EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETE
{V 736} Continued From page	e 8	{V 736}		
common areas, kitch The facility will ensu and unstained and w - Describe your plan happens. [The QP] will do a w today 12/22/2021 to cleanliness of the hoprofessional will malt the kitchen and applinforming the administrative waintenance issues following up every dwhile the administrating grocery list. [The AA items (furniture) that removed from the howill also follow up will upkeep on the outsid [The Human Resour ensure that the staff boarding staff have their hire date. This educated on the safe consumers. The staff sanitized each day, waintenance issues walkthrough of both the administrative as the client's room dai mattresses, and pillowake sure they are checked daily to enshome. The staff [Staff #1] warea is cleaned, san	nen, and restrooms are clean. The that all furniture is clean will be removed, if so. The that all furniture is clean will be removed, if so. The that all furniture is clean will be removed, if so. The that all furniture is cleaning that is conducted that is conducted that is conducted that is cleaning that the staff is cleaning that is cleaning that the staff is cleaning that the thome is cleaning that is cleaning that the thome is cleaning that is cleaning th	{V 736}		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SUF COMPLETI	
		MHL034-332	B. WING		R 12/22/	/2021
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 12/22/	2021
SHARPE A	AND WILLIAMS #4	1040 LING				
	OLIMAN DV OT		SALEM, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{V 736}	Continued From page	9	{V 736}			
	all beds and bedding be ordered and replace The facility was licens	I. The staff will ensure that are clean and if soiled it will ced in a timely manner."				
	for Adults with Mental Illness and served 5 adult males who had diagnoses that included Schizophrenia, Mild Intellectual Disabilities, Dementia, Glaucoma, Blindness, and Bell's Palsy. The facility had been cited by DHSR multiple times since 5/8/2019 and received 17					
	demerits during their 12/18/2020 sanitation inspection by the local Health Department. Repeated directives by both local and state authorities to resolve issues with the physical condition and cleanliness of the facility had not					
	resulted in correction of the deficient practice. This deficiency was cited 4 times on 5/8/2019, 11/15/2019, 2/19/2020, and 9/23/2021. This deficiency is detrimental to the health, safety and welfare of clients and constitutes an Imposed					
		An administrative penalty of posed for failure to correct				

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