

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-354	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HAWKCREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1716 HAWKCREST LANE WINSTON SALEM, NC 27127
---	---

(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	<p>INITIAL COMMENTS</p> <p>.</p> <p>An Annual Survey was completed on January 20, 2022. A deficiency was cited.</p> <p>This facility is licensed for the following service category:</p> <p>- 10A NCAC 27G .5600C: Supervised Living for Adults with Developmental Disabilities</p> <p>The survey sample consisted of audits of 3 current clients, 0 former clients, and 0 deceased clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</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 observation and interview, the facility staff failed to maintain the facility in a safe, clean, attractive and orderly manner. The findings are:</p>	V 736		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-354	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HAWKCREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1716 HAWKCREST LANE WINSTON SALEM, NC 27127
---	---

(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 736	<p>Continued From page 1</p> <p>Observation on 1-20-22 between 11:30 am and 12:30 pm revealed:</p> <ul style="list-style-type: none"> - In the kitchen/dining room area: <ul style="list-style-type: none"> - caulk around the top of backsplash was cracked and broken - countertop was missing laminate on each corner - paint was scuffed and dirty on wall opening between kitchen and living room - wall above trash can was excessively soiled and had a 1 inch by 2 inch hole - window blinds on French doors were excessively soiled - two slats were broken on the left side of the French door window blinds - light over dining table was missing a bulb - wall behind the dining table over to the living room desk was scuffed and paint was missing - In the living room: <ul style="list-style-type: none"> - there was a doorknob hole in the drywall behind the front door - the door stopper in the baseboard was broken - In the hallway bathroom: <ul style="list-style-type: none"> - bathroom doorknob was loose - towel bar was missing - towel bar brackets were still in place - wall paint was excessively scuffed and chipped - In client#1 ' s bedroom: <ul style="list-style-type: none"> - the light fixture was missing from the ceiling fan <p>Interview on 1-20-22 with client #1, client #2 and client #3 revealed:</p> <ul style="list-style-type: none"> - they had never seen any maintenance worker at the facility painting or making repairs 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-354	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HAWKCREST HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1716 HAWKCREST LANE WINSTON SALEM, NC 27127
---	---

(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 736	<p>Continued From page 2</p> <p>Interview on 1-20-22 with staff #1 revealed: - she had never seen any maintenance worker at the facility painting or making repairs</p> <p>Interview on 1-20-22 with the Program Manager revealed: - she had already informed administrative staff repair work was needed - an administrative person told her who to call to get the repairs done - "there ' s no form to fill out or process in place for getting work done" - the holes and gauges in the drywall will be repaired when the painting is done</p> <p>Interview on 1-20-22 with the Qualified Professional revealed: - when she was hired it was in the middle of covid - it has been difficult to find help, including maintenance workers during covid - also being short-staffed makes it difficult to keep up with deep cleaning and regular duties - "I think we can get everything done within a couple of months"</p>	V 736		