

Division of Health Service Regulation

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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 12/22/2021 |
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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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| (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} | INITIAL COMMENTS A follow up survey was completed on 12/22/2021. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness The survey sample consisted of audits of 2 current clients. | {V 000} | | |
| {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, observations and interviews, the facility was not maintained in a safe, clean, orderly manner. The findings are: Review on 12/22/2021 of an email chain between the Administrative Assistant (AA) and a contract maintenance company revealed: - The emails were dated from 9/29/2021 to 10/6/2021. - An email addressed removal of the microwave on 9/28/2021, but no other maintenance issues at the facility. Review on 12/22/2021 of service receipts dated 9/30/2021 to 12/14/2021 from the facility's | {V 736} | All facility violations in V736 will be correct by 1/20/22. prander at this time will get re-evaluation by sanitation and submit a reinspect by state. | |

DHSR - Mental Health
JAN 19 2021
Lic. & Cert. Section

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

Kedia Sperry

TITLE

Agency Director

(X6) DATE

1/13/22