

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-338	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #5	STREET ADDRESS, CITY, STATE, ZIP CODE 2042 TEMPLE STREET WINSTON SALEM, NC 27101
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on March 17, 2022. 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> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p>	V 109		

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

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V 109	<p>Continued From page 1</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, 2 of 2 Qualified Professionals ((QP#1) and Qualified Professional #2/Chief Executive Officer/Licensee/Registered Nurse (QP#2/CEO/L/RN)) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 3/14/22 of the QP #1's record revealed: -A hire date of 3/29/2018 -A job description of QP</p> <p>Review on 3/14/22 of the QP#2/CEO/L/RN's record revealed: -A hire date of 3/20/09 -A job description of CEO -A degree and work history that qualified her as a QP -Was also a RN</p> <p>Interview on 3/15/22 with the QP #1 revealed: -Was aware the In-House Manager would lie down during her shifts while clients were present</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>- " ...Sometimes she even lies down when I am over there (at the facility) ..."</p> <p>-Had failed to address the supervision issue with the In-House Manager</p> <p>Observations on 3/9/22 and 3/16/22 of the facility and its grounds revealed:</p> <p>-The outside of the facility had overgrown shrubs, green growth on the siding, dead leaves and debris, mangled blinds, broken chairs and trash in the yard which included empty beer cans</p> <p>Observations on 3/9/22 and 3/16/22 of the inside of the facility revealed:</p> <p>-Paint was peeling from the ceiling in several rooms</p> <p>-The facility was dirty, had clutter on the floors, broken blinds, trash under a client's bed, stained mattresses and dirty clothes on the floor</p> <p>Review on 3/10/22 of the Inspection of Residential Care Facility (Sanitation Inspection), dated 12/9/20, revealed:</p> <p>-A total of 11 demerits were cited</p> <p>-Noted in the report was " ...damaged blinds in rooms, stained linens, living room furniture was not in good repair, peeling paint on walls and ceilings in the living room, and in 2 client's rooms, rust on the floor vents, debris on window sills in all bedrooms, growth on window of bedroom 4, holes in various window screens ...and additional cleaning required on kitchen cabinets. "</p> <p>Interviews on 3/9/22 with clients #1, #2 and #3 revealed:</p> <p>-Blinds were broken and needed to be repaired</p> <p>-The debris on the front steps of the facility made them unsafe</p> <p>Interviews on 3/11/22 with some of the clients'</p>	V 109		

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V 109	<p>Continued From page 3</p> <p>legal guardians revealed: -Had concerns about the facility and its grounds -Thought the facility was an abandoned house -The facility was not aesthetically pleasing -Had smelled urine -The QP#2/L/CEO/RN had not maintained the facility or its grounds</p> <p>Interview on 3/9/22 with the In-House Manager revealed: -Repairs needed to be made to the facility. -The QP#2/CEO/L/RN had contacted people to make repairs</p> <p>Interview on 3/14/22 with the QP #1 revealed: -Was aware repairs needed to be made to the facility -Issues inside and outside of the facility had been like that since she was hired in October 2021 -It was the QP#2/CEO/L/RN's responsibility to make the needed repairs to the facility</p> <p>The facility had been cited for numerous environmental issues. The previous issues with the facility had not been corrected and additional environment issues were discovered during the survey. The QP#2/CEO/L/RN had not made the needed repairs to the inside and outside of the facility.</p> <p>Attempted interviews on 3/15/22, 3/16/22 and 3/17/22 with the QP#2/CEO/L/RN were unsuccessful as she did not respond to emails or voicemail messages.</p>	V 109		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND</p>	V 110		

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V 110	<p>Continued From page 4</p> <p>SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, 1 of 2 staff (the In-House Manager) failed to demonstrate the knowledge, skills and abilities required for the population served. The findings are:</p>	V 110		

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V 110	<p>Continued From page 5</p> <p>Review on 3/14/22 of the In-House Manager's record revealed: -A hire date of 2/25/21 -A job description of Paraprofessional</p> <p>Observations on 3/9/22 of the In-House Manager, from approximately 10:37am to 10:52am, revealed: -Was lying down on the staff's bed with her eyes closed -There were 3 clients present in the facility at the time</p> <p>Further observations on 3/9/22, of the In-House Manager, at approximately 10:53am, revealed: -Came out of the staff's bedroom and asked client #1 where client #3 was</p> <p>Interviews on 3/9/22 with clients #1, #2 and #3 revealed: -The In-House Manager would lie down in the staff's office "a lot." -"She does that all the time. She's a night owl ..."</p> <p>Interview on 3/9/22 with the In-House Manager revealed: -Had been up since 2:00am on 3/9/22 -Had pulled a muscle in the middle of her back -Had taken Tylenol -"The Tylenol makes me drowsy." -Was not aware client #3 had left the facility with his job coach</p> <p>Observation on 3/16/22, at 2:01pm, of the facility, revealed: -A female leaving from the staff bedroom right off of the living room area -The female had a lit cigarette inside the facility.</p>	V 110		

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V 110	<p>Continued From page 6</p> <p>Interview on 3/16/22 with the In-House Manager revealed: -The In-House Manager identified the female as her daughter -"She was bringing me some cheese."</p> <p>Interview on 3/14/22 with QP #1 revealed: -The In-House Manager had issues with back pain -"She lays down a lot like that (on the staff's bed) because of her back. She never sits up straight in a chair. She will let us know when she is having back spasms. She knows her limits ...sometimes she even lies down when I am over there ...she lets us know when she is in pain ..."</p> <p>-Was not concerned about supervision of the clients by the In-House Manager -Any medication staff takes for back pain would be taken on her breaks</p> <p>Further interview on 3/17/22 with QP #1 revealed: -Was aware the In-House Manager's daughter would stop by the facility to drop off lunch</p> <p>Attempted interviews on 3/15/22, 3/16/22 and 3/17/22 with the QP#2/CEO/L/RN were unsuccessful as she did not respond to emails or voicemail messages.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 110		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local</p>	V 114		

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V 114	<p>Continued From page 7</p> <p>authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility staff failed to conduct fire and disaster drills once per shift per quarter. The findings are:</p> <p>On 3/10/22 surveyor requested 12 months of documentation for fire and disaster drills conducted at the facility. Surveyor was given documentation of the fire and disaster drills which included 2 forms.</p> <p>Review on 3/10/22 of the facility's fire and disaster drills for 12 months revealed: -On March 1, 2019 at 4pm, "kitchen-grease fire" was conducted by the facility staff -On March 1, 2019 at 4:10pm, disaster drill was conducted "basement." -On February 5, 2019 at 11:10am "kitchen-grease fire" was conducted by the facility staff -On February 5, 2019 at 11:21am "snow fall (stay inside)." -No documentation of drills after 3/1/19 were provided for review.</p> <p>Interview on 3/9/22 with client #1 revealed: -Had participated in fire and disaster drills in the</p>	V 114		

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V 114	<p>Continued From page 8</p> <p>past</p> <ul style="list-style-type: none"> -Was unable to recall the last time fire and disaster drills were conducted at the facility -No facility staff had ever conducted drills at night or when the clients were asleep <p>Interview on 3/9/22 with client #2 revealed:</p> <ul style="list-style-type: none"> -Staff had conducted fire and tornado drills at the facility in the past -"I usually do them (the drills) at my Psycho-Social Rehabilitation (PSR)." -No facility staff had ever conducted drills at night or when the clients were asleep <p>Interview on 3/9/22 with client #3 revealed:</p> <ul style="list-style-type: none"> -Had participated in fire drills -No staff had gotten the clients up at night to conduct any type of drills -Had never participated in a tornado drill at the facility -"Do we need to do them? There's no tornados around here." <p>Interview on 3/9/22 with the In-House Manager revealed:</p> <ul style="list-style-type: none"> -Fire and tornado drills were done monthly -"We do them at the first of every month." -Had not conducted any of the drills after 7pm -"I have never woken them (the clients) up at night to do the drills." <p>Interview on 3/14/22 with the Qualified Professional #1 (QP #1) revealed:</p> <ul style="list-style-type: none"> -Both fire and disaster drills were conducted at the facility -"The drills are done every month, because we have 24-hour shifts. We use two shifts, 8am to 8pm and 8pm to 8am." -The clients participated in the drills each month -Had seen a couple of the staff conduct the drills 	V 114		

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V 114	Continued From page 9 Attempted interviews on 3/15/22, 3/16/22 and 3/17/22 with the QP#2/CEO/L/RN were unsuccessful as she did not respond to emails or voicemail messages.	V 114		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117		

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V 117	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility staff failed to have medications stored securely. The findings are:</p> <p>Observations on 3/9/22, from approximately 9:22am to 11:01am, of medications revealed: -A bottle of Flonase nasal spray and an Albuterol Inhaler were on the tv stand in the living room</p> <p>Review on 3/14/22 of client #2's record revealed: -An admission date of 10/22/21 -Diagnoses of Autism Spectrum Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Asthma, Major Depressive Disorder, Acquired Hypothyroidism and Constipation</p> <p>Review on 3/15/22 of client #2's Physician's orders, dated 11/2/21, revealed: -Flonase Nasal Spray 50mcg, 2 sprays each nostril once daily -Albuterol Inhaler HPA, 108mcg Inhale 2 puffs by mouth every 6 hours as needed</p> <p>Interview on 3/9/22 with the In-House Manager revealed: -Had placed the medications on the tv stand to let surveyor inside the facility (3/9/22) -The medications belonged to client #2 -"I just forgot to lock them back up when you came in."</p> <p>Interview on 3/14/22 with the Qualified Professional #1 (QP #1) revealed: -"I have never seen that (medications not stored securely) when I have been at the facility. [Staff</p>	V 117		

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V 117	Continued From page 11 #1] does not leave medications out ..." Attempted interviews on 3/15/22, 3/16/22 and 3/17/22 with the QP#2/CEO/L/RN were unsuccessful as she did not respond to emails or voicemail messages.	V 117		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required	V 367		

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V 367	<p>Continued From page 12</p> <p>report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p>	V 367		

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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #5	STREET ADDRESS, CITY, STATE, ZIP CODE 2042 TEMPLE STREET WINSTON SALEM, NC 27101
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V 367	<p>Continued From page 13</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure Level II incident reports were submitted to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours as required. The findings are:</p> <p>Review on 3/10/22 of the Incident Response Improvement System (IRIS) from December 1, 2021 to March 14, 2022 revealed: -No level II incident reports had been submitted</p> <p>Interview on 3/9/22 with the In-House Manager revealed: -Client #4 had a behavior (suicidal ideation) in February (2022) -EMS (Emergency Medical Services) came to the facility and transported him to the hospital -"Then [client #4] was transported to [a state psychiatric hospital] and has not returned to the facility." -Was not responsible for submitting incidents into</p>	V 367		

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V 367	<p>Continued From page 14</p> <p>IRIS</p> <ul style="list-style-type: none"> -Made the Qualified Professional #1 (QP #1) aware of the incident with client #4 -The QP #1 was responsible for submitting incidents into IRIS <p>Attempted interview on 3/16/22 with client #4 was not successful as he refused to be interviewed.</p> <p>Interview on 3/14/22 with QP #1 revealed:</p> <ul style="list-style-type: none"> -Had not had any level II incident reports at that facility -Stated client #4 had suicidal ideations in February (2022) -Client #4 was admitted to a state psychiatric hospital -Client #4 was still at the hospital -Did not think a level II incident report needed to be completed for client #4 <p>Attempted interviews on 3/15/22, 3/16/22 and 3/17/22 with the QP#2/CEO/L/RN were unsuccessful as she did not respond to emails or voicemail messages.</p>	V 367		
V 369	<p>G.S. 122C-6 Smoking Prohibited</p> <p>§ 122C-6 SMOKING PROHIBITED; PENALTY</p> <p>(a) Smoking is prohibited inside facilities licensed under this Chapter. As used in this section, "smoking" means the use or possession of any lighted cigar, cigarette, pipe, or other lighted smoking product. As used in this section, "inside" means a fully enclosed area.</p> <p>(b) The person who owns, manages, operates, or otherwise controls a facility subject to this section shall:</p> <p>(1) Conspicuously post signs clearly stating that smoking is prohibited inside the facility. The signs</p>	V 369		

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V 369	<p>Continued From page 15</p> <p>may include the international "No Smoking" symbol, which consists of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it.</p> <p>(2) Direct any person who is smoking inside the facility to extinguish the lighted smoking product.</p> <p>(3) Provide written notice to individuals upon admittance that smoking is prohibited inside the facility and obtain the signature of the individual or the individual's representative acknowledging receipt of the notice.</p> <p>(c) The Department may impose an administrative penalty not to exceed two hundred dollars (\$200.00) for each violation on any person who owns, manages, operates, or otherwise controls a facility licensed under this Chapter and fails to comply with subsection (b) of this section. A violation of this section constitutes a civil offense only and is not a crime.</p> <p>(d) This section does not apply to State psychiatric hospitals. (2007-459, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the staff failed to prohibit smoking inside the facility. The findings are:</p> <p>Observations on 3/9/22, at 1:15pm, of the facility revealed: -The facility had a strong odor of smoke -A no smoking sign was posted in the living room -In the kitchen, on the floor next to the side door, was a white plate with ashes and a brown ½ smoked cigarillo on it</p> <p>Further observations on 3/16/22 at 12:32pm. of</p>	V 369		

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V 369	<p>Continued From page 16</p> <p>from the staff bedroom right off of the living room area revealed:</p> <ul style="list-style-type: none"> -A strong smell of smoke -An ashtray on the staff's bed -A female was holding a half of a lit cigarette -A piece of incense was in the door jamb of a client's bedroom and was emitting smoke <p>Review on 3/16/22 of the facility's policy prohibiting smoking in the facility revealed:</p> <ul style="list-style-type: none"> -There was to be no smoking in the facility -There were designated areas outside (back porch and front porch) for both clients and staff to use -If a client was found to be smoking in the facility, there would be a \$25.00 fine -If staff were found smoking in the facility, they would receive a written warning <p>Interview on 3/16/22 with the In-House Manager revealed:</p> <ul style="list-style-type: none"> -Identified the female holding the lit cigarette -"That was my daughter. She's leaving now. I asked her to bring me some cheese." -Stated the facility was a smoke free one and denied anyone smoking cigarettes inside -When asked about the burning incense in the door jamb, the In-House Manager stated, "[Client #3] had a 'boo-boo' (a bowel movement) in his clothes. That is why the incense is burning. That is probably what you smell. No one is smoking in here ..." <p>Interview on 3/17/22 with QP #1 revealed:</p> <ul style="list-style-type: none"> -The facility was smoke free -There were designated areas for both the clients and staff to use -Had never heard of anyone smoking inside the facility 	V 369		

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V 369	Continued From page 17 Attempted interviews on 3/15/22, 3/16/22 and 3/17/22 with the QP#2/CEO/L/RN were unsuccessful as she did not respond to emails or voicemail messages.	V 369		
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 observations, record reviews and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Review on 3/10/22 of the Sanitation Inspection of Residential Care Facility completed by the local health department, dated 12/9/20, revealed: -A total of 11 demerits were cited -Noted in the report was "...damaged blinds in rooms, stained linens, living room furniture was not in good repair, peeling paint on walls and ceilings in the living room, and in 2 client's rooms, rust on the floor vents, debris on window sills in all bedrooms, growth on window of bedroom 4, holes in various window screens ...and additional cleaning required on kitchen cabinets. " Observations on 3/9/22, at approximately 9:20am of the inside of the facility revealed:	V 736		

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V 736	<p>Continued From page 18</p> <ul style="list-style-type: none"> -A strong smell of smoke -The kitchen table wobbled and was not stable -There was one stool for 4 clients at the table -There was one chair at the kitchen table -The chair's back was broken off and had a stained cushion -There were no other chairs for the clients to use -In the living room, blue cushions were propped up against the living room wall -The cushions were lined up to simulate a sofa -There was no sofa frame -Sheets hung from the living room windows -Paint had peeled from the living room ceiling in several places -A 2 feet by 3 feet area in another part of the living room had peeled paint -The living room was cluttered with bags, rags, boxes, clothing and other items -The hardwood floors throughout the facility were stained, scratched and damaged -In the kitchen's corner, near the side door, was a white plate with ashes in it -The plate also had a ½ smoked brown cigarillo on it -The chandelier's base over the kitchen table was not flush with the ceiling -In the kitchen sink, there were red plastic cups, used spoons and a wet hand towel -Stacked around the kitchen sink were dirty plates and used cups -One of the double sink's drains was rusted -Grits sat in a pot on the stove, uneaten -Two kitchen knives and a cutting board were lying on the kitchen table -Clothing was in between the dryer and the refrigerator -Several cracks in the floor in front of the refrigerator -Some of the kitchen cabinets did not have knobs -The kitchen cabinet to the right of the stove (top) 	V 736		

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V 736	<p>Continued From page 19</p> <ul style="list-style-type: none"> -was missing a door -Several of the cabinets would not close properly -The missing kitchen cabinet was located leaning against the wall next to the refrigerator -In client #1's bedroom there were empty soda bottles, empty food containers, clothing (both clean and dirty) stacked on the floor -The baseboards were dirty -Several of client #1's bedroom walls had paint peeling off, and also had several large patched areas in the ceiling that had not been painted -Bed linens were stained, and the pillows were flat -In client #2's bedroom, there was clutter stacked around on the floor along with dirty and clean clothing -All of the walls in client #2's bedroom had numerous areas of residue left by posters that had been removed -Trash was piled under client #2's bed -Client #3's bedroom had torn sheets which covered one of the windows and the other window had broken blinds -The mattress was stained and had a flat pillow -Black scuff like markings were on the bedroom floor -Dirty shirts were crumpled on top of the bed -The air vent on the floor was rusted and coated in dust -Client #4's bedroom door was cracked in several places -The mattress in client #4's bedroom was lumpy -Client #4's bedroom had a 2 by 2 feet stained ceiling area with peeled paint -Dirty cups filled with pink liquid were on the dresser -White trash bags were filled with clothing on the floor -Mold was growing inside the left upper side of the window 	V 736		

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V 736	<p>Continued From page 20</p> <ul style="list-style-type: none"> -In the clients' bathroom, there was a towel bar pulled down and away from the wall -Other towel brackets on the wall were broken -Brown stains were around the base of the toilet -The 3-panel mirrored medicine cabinet was missing a glass panel -The drain to the sink was covered in dirt -Corroded metal soap holders were in the client's bathroom -The bathroom door was broken and split from its frame -The air conditioning vent on the bathroom floor was rusted and coated with dust <p>Further observations on 3/9/22, at approximately 2:33pm, of the outside of the facility, revealed:</p> <ul style="list-style-type: none"> -Overgrown shrubs -Green growth on the facility's siding -Steps leading to the front porch had peeled paint -On the left side of the porch, a sealed bag of cedar shavings -The side door was missing a screen and the metal frame was bent -The steps leading down from the side door had green growth and wet leaves -Dead leaves and debris were on the right side of the facility -Wrought iron decorative railings on the front of the facility were rusted -The roof had green growth on it -The gutters were full of debris/leaves -The blinds in the living room were mangled -On the left side of the facility was a chair with a blue plastic glove on the seat -Vines were growing on the side of the facility -A window on the side of the facility had a torn screen -A grill with a rusted underside was chained to a tree -Steps that lead down to a basement area were 	V 736		

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V 736	<p>Continued From page 21</p> <p>covered in dead leaves and numerous empty beer bottles and cans</p> <ul style="list-style-type: none"> -The door to the basement was covered in plywood -Several gray containers were stacked in the backyard -A broken wooden bed frame was on top of the containers -Empty 42-ounce cans of beer were located on the right side of the facility -Broken tree branches were on the side of the facility -A rectangle shaped cardboard box was lying in the side yard with black growth on it -Broken chairs were on the side of the facility -A white wooden chair was leaning up against the outside air conditioning unit -The rain gutter in the front of the facility had separated from the facility wall -Steps that led down to the street on the side yard was covered in dead leaves and a green growth coated the steps -Paint on the front porch's flooring had peeled off <p>Observations on 3/16/22, at approximately 1:52pm, of the facility revealed:</p> <ul style="list-style-type: none"> -Canned foods and a cracked hard-boiled egg were on the washer/dryer -Several pots on the stove had food in it, partially covered with aluminum foil -Used pots were on the counter and one had left over hard dried noodles in it -On the kitchen table, there were two used pans with oil like substance on them -A large pot with dried food in it was on the table <p>Interview on 3/9/22 with client #1 revealed:</p> <p>"My blinds got torn up. They need to be fixed. They were like that when I came here. They are going to get them fixed ..."</p>	V 736		

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V 736	<p>Continued From page 22</p> <p>Interviews on 3/9/22 with clients #2 and #3 revealed: -Had almost fallen on the front steps due to the debris</p> <p>Interview on 3/11/22 with client #3's legal guardian revealed: -Had visited the facility after client #3 was placed there by another Agency -"It (the facility inside and outside) looked terrible. I thought it was an abandoned house. It is not aesthetically pleasing. I was in shock and to know it is licensed by the state ..."</p> <p>Interview on 3/11/22 with client #4's legal guardian revealed: -Had concerns about the facility and its grounds -"The staff need to do a lot more cleaning at the facility ...when I stand on the front porch, there is a stench of urine. The owner is not doing what she should be doing (maintaining the facility)." -Was concerned with the steps leading up to the facility -"My son (client #4) has now mastered those steep steps and now he uses the side entrance that has a handrail ...I pray so hard for his safety."</p> <p>Interview on 3/16/22 with the Division of Health Service Regulation Construction Surveyor revealed: -Had just completed his inspection of the facility (3/16/22) -"There are a lot of deficiencies and a lot needs to be done to the facility." -Peeling/Chipping paint on the ceiling, floors and wall areas -The facility needs an overall cleaning -There was clutter throughout the facility which included the clients' bedrooms</p>	V 736		

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V 736	<p>Continued From page 23</p> <ul style="list-style-type: none"> -The windows were deteriorated -The smoke detectors in the living room and hallway worked, but need to be connected to the rest of the smoke detectors in the facility -Torn window screens and loose handrails on the outside of the facility -The toilet base was loose and the ceiling fans throughout the facility were dirty -"One of the biggest issues I observed was how they had created a staff bedroom. It is 52 or 53 square feet. The building code states it has to be 70 square feet." -There was incense burning in the facility -The basement steps need to be cleared and free of clutter "because they lead to the electrical panel." -Had observed leaking pipes from the toilet area into the basement -The dryer vent was disconnected -The air from the dryer was being discharged into the crawl space -When asked about mold, the construction surveyor stated, "there was so much clutter in and around the facility, it was hard to see things." -The outside gutters were clogged and were about to fall down -Observed beer bottles on the right side of the facility towards the back yard -Would have his report submitted and out by Friday, 3/18/22 <p>Interview on 3/9/22 with the In-House Manager revealed:</p> <ul style="list-style-type: none"> -"Yes, there are some things that need to be repaired. We need to paint, like maybe the ceiling. It has leaked before. The shingles need to be replaced. They (maintenance men) are coming out sometime this week or next week ..." <p>Further interview on 3/16/22 with the In-House</p>	V 736		

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V 736	<p>Continued From page 24</p> <p>Manager revealed: -"About a year ago, there were 'street people (homeless and street walkers)' that would go into the facility's basement and drink beer." -After that was discovered, the basement door was boarded up with plywood -Had not seen anyone attempt to go into the basement, including the clients</p> <p>Interview on 3/14/22 with the Qualified Professional #1 (QP #1) revealed: -Over the weekend (3/12/22 and 3/13/22) the facility's grounds had been cleaned up -"I was over there on Saturday (3/12/22) I went to remove the grill out back, but it was chained to the tree." -Had observed storage bins filled with water -A staff member had broken their arm and could not move the stacks of plastic bins filled with water -Had not noticed any issues with the side door to the facility -"I did not notice it needed to be repaired. I didn't even think that door was used until I saw a staff member take the trash out ..." -Had observed the chair sitting next to the air conditioning unit -"[Client #4]'s family had gotten him that chair to sit in when he was outside. He still uses that chair ..." -Trash and beer cans had been picked up on the side of the house -"We had a former client that would drink beer and would throw the empty cans down in the basement area ...the cans had been there since before I started (October 2021) ..." -Upper management goes to the facility at least once a week to ensure the facility was well maintained -"The couch in the living room just broke about 2</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-338	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #5	STREET ADDRESS, CITY, STATE, ZIP CODE 2042 TEMPLE STREET WINSTON SALEM, NC 27101
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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
V 736	<p>Continued From page 25</p> <p>weeks ago ...so it's not been like that for long time ..."</p> <p>-Was aware there were several areas in the ceiling where paint had peeled</p> <p>-Thought the facility's roof was repaired 4 years ago due to a leak</p> <p>-"I saw the bedroom with all the marks on the walls. A former client (discharged on 1/23/21) would stick posters on the wall with Vaseline and not tape. That is why all those marks are on his walls ..."</p> <p>-When the QP #1 was asked why repairs and improvements had not been made to the facility, she stated the facility had been in its current condition since she started in October 2021.</p> <p>Further interview on 3/14/22 with the QP #1 revealed:</p> <p>-Railings to the front porch had been repaired last year</p> <p>-"No one has fallen down the steps. There have not been any accidents."</p> <p>-Was waiting on the Qualified Professional #2/Chief Executive Officer/Licensee/Registered Nurse (QP#2/CEO/L/RN) to order blinds for a client's bedroom window</p> <p>-Requests had been sent to the maintenance man "and we are waiting on a reply."</p> <p>-Had not paid attention to the vines growing on the outside wall of the facility and had not noticed that gutters had been separated from the facility</p> <p>-In the past, people in the neighborhood would sneak onto the property, go into the basement and drink beer</p> <p>-"That's what I was told about that area and the door being boarded up with plywood ..."</p> <p>Further interview on 3/17/22 with the QP #1 revealed:</p> <p>-On 3/16/22, the In-House Manager cleaned up</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-338	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #5	STREET ADDRESS, CITY, STATE, ZIP CODE 2042 TEMPLE STREET WINSTON SALEM, NC 27101
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V 736	<p>Continued From page 26</p> <p>the empty beer cans on the side of the house. -"This morning (3/17/22) she had to clean up more empty beer cans. The house next to the facility had been empty. It was also being remodeled, so there might be homeless people over there drinking and throwing the cans into the facility's yard ..."</p> <p>Attempted interviews on 3/15/22, 3/16/22 and 3/17/22 with the QP#2/CEO/L/RN were unsuccessful as she did not respond to emails or voicemail messages.</p> <p>Review on 3/17/22, of the facility's Plan of Protection, dated 3/17/22 and written by QP #1 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? The administrative assistant will contact [a company's name] maintenance, starting 3/17/2022, and follow up with the email sent on 2/23/2022, regarding repairs to the paint chipping from the ceiling. [A company's name] maintenance came to the home on 3/11/2022 to do an estimate on the ceiling. The QP (#1) will immediately have "No Trespassing" signs posted on the outside of the home (3/17/2022). The administrative assistant and QP (#1) will continue (3/17/2022) to follow up with maintenance regarding screens for the windows and blinds for room #1. The In-House staff started clearing trash from around the home on 3/12/2022. In-House staff will check immediately and ensure trash is picked up around the perimeter of the home daily (3/17/2022). Describe your plans to make sure the above happens. We will immediately have a person that is a QP, outside of the facility, to ensure that all maintenance issues are being handling in a timely manner and ensure that [a company's</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 27</p> <p>name] maintenance is followed up with communication of repairs. The outside QP will meet weekly with the administrator and the QP (#1) to develop strategies."</p> <p>This is a re-cited deficiency.</p> <p>The facility was licensed as a Supervised Living for Adults with Mental Illness and served 4 adult males who had diagnoses that included Schizoaffective Disorder, Paranoid Schizophrenia, Seizure Disorder, Alcohol Use Disorder, Autism Spectrum Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Asthma and Major Depressive Disorder.</p> <p>The facility's physical plant issues had been cited by the Division of Health Service Regulation during a survey completed on 6/30/21. During the recent walk-throughs of the facility, approximately 80 physical plant issues were identified. Clients and Legal Guardians reported concern and fear regarding the condition of the facility and its grounds, stating the house looked as if it were abandoned. The QP#2/CEO/L/RN's failure to address indoor and outdoor hazards created conditions that were unsanitary and unsafe for the clients residing in the facility. This constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 736		