

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2022
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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #2	STREET ADDRESS, CITY, STATE, ZIP CODE 4408 NORTHAMPTON DRIVE WINSTON-SALEM, NC 27105
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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 000}	<p>INITIAL COMMENTS</p> <p>A follow up survey was completed on April 8, 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 6 and currently has a census of 3. 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}		

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

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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 4/7/22 of QP #1's record revealed: -A hire date of 3/29/2018 -A job description of QP</p> <p>Review on 4/7/22 of 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</p> <p>Finding #1</p> <p>Refer to tag V112 for evidence of treatment plans not being individualized and the failure to include Legal Guardians (LG) in the development of the</p>	{V 109}		

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{V 109}	<p>Continued From page 2</p> <p>plans.</p> <p>Review on 4/6/22 of client #1's record revealed: -An admission date of 10/29/18 -Diagnoses of Schizophrenia, Cannabis Use Disorder, Intellectual Disability Disorder, Pericardia Effusion (extra fluid collects between the heart and the sac around the heart), Stimulant Dependency and Alcohol Abuse -The treatment plan was revised on 3/25/22 by QP #1 -Failed to address client #1's individual needs specifically impaired ability to adhere to financial responsibilities and duties, will gain control over his/her spending habits by utilizing a budget, will identify short- and long-term spending goals, manage impaired community integration, will access all community available resources, will enroll in all available local community transportation resources such has ([a local city's] bus, transportation) to get to medical appointments, school programs. PSR (Psychosocial Rehabilitation)/ Day programs and other recreational activities, will access the community at least 2-3 times per week, impaired ability to remain safe unsupervised in community -Client #1's plan was not revised in partnership with his LG -The plan was revised outside the 23 day correction period</p> <p>Review on 4/6/22 of client #2's record revealed -An admission date of 3/10/21 -Diagnoses of Chronic Paranoid Schizophrenia, History of Cocaine Use Disorder, Hypertension, GERD (Gastroesophageal Reflux Disease) by History, Urinary Incontinence by History and Sepsis Secondary to Urinary Tract Infection -The treatment plan was revised on 3/12/22 by QP #1</p>	{V 109}		

Division of Health Service Regulation

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{V 109}	<p>Continued From page 3</p> <p>-Failed to address client #2's individual needs specifically impaired ability to adhere to financial responsibilities and duties, will gain control over his/her spending habits by utilizing a budget, will identify short- and long-term spending goals, manage impaired community integration, will access all community available resources, will enroll in all available local community transportation resources such as ([a local city's] bus, transportation) to get to medical appointments, school programs. PSR (Psychosocial Rehabilitation)/ Day programs and other recreational activities, will access the community at least 2-3 times per week, impaired ability to remain safe unsupervised in community</p> <p>-Client #2's plan was not revised in partnership with his LG</p> <p>Review on 4/6/22 of client #3's record revealed: -An admission date of 1/17/19 -Diagnoses of Schizoaffective Disorder, Borderline Intellectual Functioning, Acne and Multiple Environmental Allergies -The treatment plan was revised on 3/21/22 by QP #1</p> <p>-Failed to address client #3's individual needs specifically impaired ability to adhere to financial responsibilities and duties, will gain control over his/her spending habits by utilizing a budget, will identify short- and long-term spending goals, manage impaired community integration, will access all community available resources, will enroll in all available local community transportation resources such as ([a local city's] bus, transportation) to get to medical appointments, school programs. PSR (Psychosocial Rehabilitation)/ Day programs and other recreational activities, will access the community at least 2-3 times per week, impaired ability to remain safe unsupervised in</p>	{V 109}		

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{V 109}	<p>Continued From page 4</p> <p>community-Client #3's plan was not revised in partnership with his LG -The plan was revised outside the 23 day correction period</p> <p>Interviews on 4/7/22 with client #2 and client #3's LGs revealed: -No one from the facility had contacted them to update the treatment plans -If the treatment plans had been updated, they had not participated in that process -Had not signed the updated treatment plans and did not know why they needed to be updated</p> <p>Interview on 4/5/22 with the QP #1 revealed: -Was aware the treatment plans were to be updated by 3/18/22 -Was still in the process of updating the clients' treatment plans -The treatment plans would be completed by 4/6/22 or 4/7/22 -Had tried to make the goals and strategies more individualized -Had not involved the clients' LGs in developing the updated plans -"It saves time for me to go to the homes and meet with the clients and then write up their plans and send them to their guardians to sign ..."</p> <p>Interview on 4/8/22 with the QP#2/CEO/L/RN revealed: -Was aware the treatment plans were to be updated by 3/18/22 -"We are still using the template for developing and implementing goals and strategies for the clients. They are now modified to be more client specific ..."</p> <p>Finding #2</p>	{V 109}		

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{V 109}	<p>Continued From page 5</p> <p>Refer to V291 for evidence of failure to coordinate care with a podiatrist for nail care.</p> <p>Observations on 4/5/22, at approximately 3:10pm, of client #2 revealed: -Took off both socks and shoes -The large toe on the right foot was approximately one inch long and the nail had grown out to the left side -The large toe on the left foot was approximately one inch long and was bent in an upward position</p> <p>Interview on 4/5/22 with client #2 revealed: -Had not been to the podiatrist -"He (the podiatrist) must have gone to another house (sister facility), cause he ain't been here ..." -At times, it hurt to walk</p> <p>Interview on 4/6/22 with QP #1 revealed: -Client #2 never went to the podiatrist -"He refused to go to the podiatrist appointment that was scheduled for March 9th (2022). I rescheduled his appointment for May 4th , but I could not take him as I have other clients (at sister facilities) to take to their appointments. I have now scheduled the appointment for May 9th (2022) at 12pm..what might have happened is the appointment was changed without telling me ..."</p> <p>Interview on 4/8/22 with the QP#2/CEO/L/RN revealed: -Client #2 refused to go to the appointment (podiatrist) on March 9th (2022) -"I think [QP #1] rescheduled his appointment, but I will have to double check ..."</p> <p>Finding #3</p> <p>Refer to V736 for evidence that the</p>	{V 109}		

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{V 109}	<p>Continued From page 6</p> <p>QP#2/CEO/L/RN was aware of environmental and physical plant issues within the facility and had not corrected them.</p> <p>Observations on 4/5/22, at approximately 10:00am, of the facility revealed: -Physical plant and environmental issues were not corrected and additional deficiencies were identified during the walk through of the facility</p> <p>Interview on 4/8/22 with the QP #1 revealed: -Some of the physical plant issues had been corrected -"With the shower and flooring, it will be a longer process to fix that ...[the maintenance man] has been out to the facility twice and he doesn't feel like those issues can be repaired by him. We will need someone else to come out and repair it ..."</p> <p>Interview on 4/8/22 with the QP#2/CEO/L/RN revealed: -"There have been multiple attempts to get the shower and the floor in the bathroom replaced. We tried fixing it ourselves, but it is beyond our ability. We still have things like the doorknobs, blinds, and flooring to be repaired. Our goal was to have the repairs made last week (March 27 through April 2, 2022) ...we have also consulted with other companies. The intensity of the crack (in the shower) is now leaking into the sub flooring causing it to get soft ..."</p> <p>This deficiency constitutes a recited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Failure to Correct Type A1 rule violation.</p>	{V 109}		

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{V 112}	Continued From page 7	{V 112}		
{V 112}	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to individualize the treatment plans and failed to revise the plans in partnership with the Legal Guardian (LG) for 3 of 3 clients (#1, #2</p>	{V 112}		

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{V 112}	<p>Continued From page 8</p> <p>and #3) and failed to revise the treatment plan within the required correction period for 2 of 3 clients (#1 and #3). The findings are:</p> <p>Review on 4/6/22 of client #1's record revealed: -An admission date of 10/29/18 -Diagnoses of Schizophrenia, Cannabis Use Disorder, Intellectual Disability Disorder, Pericardia Effusion (extra fluid collects between the heart and the sac around the heart), Stimulant Dependency and Alcohol Abuse. -The treatment plan was revised on 3/25/22 by QP #1 -Failed to address client #1's individual needs specifically impaired ability to adhere to financial responsibilities and duties, will gain control over his/her spending habits by utilizing a budget, will identify short- and long-term spending goals, manage impaired community integration, will access all community available resources, will enroll in all available local community transportation resources such has ([a local city's] bus, transportation) to get to medical appointments, school programs. PSR (Psychosocial Rehabilitation)/ Day programs and other recreational activities, will access the community at least 2-3 times per week, impaired ability to remain safe unsupervised in community -Client #1's plan was not revised in partnership with his LG -The plan was revised outside the 23 day correction period</p> <p>Review on 4/6/22 of client #2's record revealed: -An admission date of 3/10/21 -Diagnoses of Chronic Paranoid Schizophrenia, History of Cocaine Use Disorder, Hypertension, GERD (Gastroesophageal Reflux Disease) by History, Urinary Incontinence by History and Sepsis Secondary to Urinary Tract Infection</p>	{V 112}		

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{V 112}	<p>Continued From page 9</p> <p>-The treatment plan was revised on 3/12/22 by QP #1</p> <p>-Failed to address client #2's individual needs specifically impaired ability to adhere to financial responsibilities and duties, will gain control over his/her spending habits by utilizing a budget, will identify short- and long-term spending goals, manage impaired community integration, will access all community available resources, will enroll in all available local community transportation resources such has ([a local city's] bus, transportation) to get to medical appointments, school programs. PSR (Psychosocial Rehabilitation)/ Day programs and other recreational activities, will access the community at least 2-3 times per week, impaired ability to remain safe unsupervised in community</p> <p>-Client #2's plan was not revised in partnership with his LG</p> <p>Review on 4/6/22 of client #3's record revealed:</p> <p>-An admission date of 1/17/19</p> <p>-Diagnoses of Schizoaffective Disorder, Borderline Intellectual Functioning, Acne and Multiple Environmental Allergies</p> <p>-The treatment plan was revised on 3/21/22 by QP #1</p> <p>-Failed to address client #3's individual needs specifically impaired ability to adhere to financial responsibilities and duties, will gain control over his/her spending habits by utilizing a budget, will identify short- and long-term spending goals, manage impaired community integration, will access all community available resources, will enroll in all available local community transportation resources such has ([a local city's] bus, transportation) to get to medical appointments, school programs. PSR (Psychosocial Rehabilitation)/ Day programs and other recreational activities, will access the</p>	{V 112}		

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{V 112}	<p>Continued From page 10</p> <p>community at least 2-3 times per week, impaired ability to remain safe unsupervised in community</p> <ul style="list-style-type: none"> -Client #3's plan was not revised in partnership with his LG -The plan was revised outside the 23 day correction period <p>Interviews on 4/7/22 with client #2 and client #3's LG revealed:</p> <ul style="list-style-type: none"> -No one had contacted them from the facility to update treatment plans -Had no idea why the plans needed to be updated -Had not signed off on new plans <p>Interview on 4/8/22 with Qualified Professional #1 (QP #1) revealed:</p> <ul style="list-style-type: none"> -Was in the process of updating the clients' treatment plans -Tried to make the goals and strategies more individualized -Used the same template for the goals and strategies for the clients' plans -"I try not to use it as much, but I do use it as a reference." -Had not involved the clients' legal guardians in developing the updated plans -"It saves time for me to go to the homes and meet with the clients and then write up their plans and send them to their guardian ..." -Had not met with a consultant Qualified Professional (as stated in the plan of protection dated 3/17/22) to assist with developing and implementing new goals and strategies for the clients <p>Interview on 4/8/22 with the Qualified Professional #2/Chief Executive Officer/Licensee/Registered Nurse (QP #2/CEO/L/RN) revealed:</p> <ul style="list-style-type: none"> -QP #1 had updated the treatment plans to be 	{V 112}		

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{V 112}	Continued From page 11 more client specific -Was aware client #1 and client #3's treatment plans were not updated by the required correction date -Stated client #2's treatment plan was updated in a timely manner on 3/12/22 -Was aware all three the clients' plans were not signed by the LG -"We are still using the template but are now modifying it to be more client specific ...when we do updates (to the treatment plans), we usually call their guardians and go over them. Our Administrative Assistant emails the plans to the guardians so they can be signed ...the treatment plans have been modified, so that was in the mandated time frame. We have 23 days, right? I think [the QP #1] did modify one of the plans on March 12th (2022). That would have put us in the mandated time frame ..." This deficiency constitutes a recited deficiency. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Failure to Correct Type A1 rule violation.	{V 112}		
{V 289}	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either:	{V 289}		

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{V 289}	<p>Continued From page 12</p> <p>(1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1)</p>	{V 289}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2022
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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #2	STREET ADDRESS, CITY, STATE, ZIP CODE 4408 NORTHAMPTON DRIVE WINSTON-SALEM, NC 27105
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{V 289}	<p>Continued From page 13</p> <p>(i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure that residential services were provided to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a developmental disability or disabilities, and who require supervision when in the residence affecting 3 of 3 clients (#1, #2 and #3). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109). 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.</p> <p>Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112). Based on record reviews and interviews, the facility failed to individualize</p>	{V 289}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2022
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{V 289}	<p>Continued From page 14</p> <p>the treatment plans and failed to revise the plans in partnership with the Legal Guardian (LG) for 3 of 3 clients (#1, #2 and #3) and failed to revise the treatment plan within the required correction period for 2 of 3 clients (#2 and #3).</p> <p>Cross Reference: 10A NCAC 27G .5603 Operations (V291). Based on observations, record reviews and interviews, the facility failed to coordinate care for 1 of 3 clients (#2).</p> <p>Cross Reference: General Statute 122C-62 Smoking Prohibited (V369). Based on observations, record reviews and interviews, the facility staff failed to prohibit smoking inside the facility.</p> <p>Cross References: 10A NCAC 27G .0303 Location and Exterior Requirements (V736). Based on observations, record reviews and interviews, the facility was not maintained in a safe, clean, attractive, and orderly manner.</p> <p>During the exit interview on 4/8/22, the QP #2/CEO/L/RN stated: -"You know we have corrected them (deficiencies). We are trying to fix them. We are actively working on it. Most of what you cited has been corrected. This is like a slap in the face. Even during COVID, all the clients got fed, we served them and kept up things. We are still trying ...we all got hit by COVID in 2020 and 2021. Because you (the Division of Health Service Regulation) could not properly regulate us, you did not keep us on track! Our work force is dwindling. You want to fine us and have us pay for the shower to be repaired? The quote to fix the shower was almost \$8,000.00. I am just asking for some leniency. We can't afford all of this. You caught us with our pants down, so to</p>	{V 289}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2022
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{V 289}	<p>Continued From page 15</p> <p>speak ...your definition and my definition of neglect is not the same ..."</p> <p>-When asked about writing the plan of protection, the QP #2/CEO/L/RN stated "Why do I have to write a plan of protection when everything has already been corrected?. If I write it (the plan of protection) may I use the same verbiage? Everything has already been corrected. I told you that ..."</p> <p>The surveyor sent a blank plan of protection with the tags cited to the email of the QP #2/CEO/L/RN. This was after the QP #2/CEO/L/RN had submitted a plan of protection using the old form from a previous survey completed on 3/17/22. The QP #2/CEO/L/RN was contacted by email, on 4/8/22, and was requested to use the new blank form and to address only the deficient practices cited. An email dated 4/8/22 at 3:55pm was received from the QP #2/CEO/L/RN and noted "Ok I have went back into clinical (was currently enrolled in college) and I will not be able to correct it. Could I keep the document the way it is written?"</p> <p>Review on 4/8/22 of the facility's Plan of Protection, dated 4/8/22 and written by QP#2/CEO/L/RN revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? 1. On 4/8/22 it was observed by State representative that the clients were still smoking in unauthorized areas of the home. QP (#1) will schedule an Inservice with the residences and staff to reiterate the No Smoking policy, and the fines that will be applied for residence, and the written write-up for the staff. QP (#1) will ensure that smoking policy is posted in the home in the living rooms. We will continue to go by our policy</p>	{V 289}		

Division of Health Service Regulation

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{V 289}	Continued From page 16 of fining residence \$25.00 and doing a write up for the staff that smoke in the facility. 2. On 4/8/22 ,QP (#1) will request hospital discharge summaries upon discharge from the hospital, by fax, and will immediately ensure they are sent to the pharmacy. The med tech supervisor will immediately ensure that each medication order from the hospital summaries is sent to the pharmacy and filled in a timely manner. 3. On 4/8/22, In-House staff will immediately have the residence use the hallway bathroom for bathing and toileting purposes until maintenance is completed for bathroom #1 restroom. The administrative assistant will immediately contact [a local maintenance company], starting 4/08/2022, to start the repairs on the restroom. Administrator will continue to work with [a local maintenance company] to ensure that shower is remedied in a timely manner. We will work to get the deficiency corrected before or on 4/22/22. 4. On 4/8/22, QP (#1) will immediately report level II incident report to IRIS (Incident Response Improvement System). The QP (#1) will be retrained on IRIS training. 5. On 4/8/22, In- House staff will immediately engage in activities with the clients and document the social interactions. 6. On 4/8/22, QP (#1) will individualize the treatment plan and immediately (4/08/2022) update changes in the resident behavior. QP (#1) will immediately (4/08/2022) implement goals and strategies. The In-House staff will be retrained on the residence personal centered plan and document the progress. 7. On 4/8/22, facility will ensure that the residence that do not have unsupervised time will have someone present with them during hospital visits. 8. As of 4/8/22 the following furniture items have been purchased and brought to the facility, sofa, coffee table, chair, bedding, pots, cups, forks, spoons, knives and plates. The administrative assistance will	{V 289}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2022
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{V 289}	<p>Continued From page 17</p> <p>conduct inventory check of the home each Tuesday and report to administrative core team any items that the home may need. Administrative core team will furnish the items to the facility on Thursday of the same week." -Describe your plans to make sure the above happens. 9) On 4/8/22, the facility administrative team will continue to work with [an outside agency's Qualified Professional] to ensure the development of individual goals and strategies and documenting individual goals. Weekly meetings will be conducted with administrative staff to ensure proper development of treatment plans and development of strategies."</p> <p>The facility was licensed as a Supervised Living for Adults with Mental Illness and served 3 adult males who had diagnoses that included Schizoaffective Disorder, Bipolar Disorder, Borderline Intellectual Functioning and Paranoid Schizophrenia. Two of three treatment plans were revised outside the 23 day correction period . The treatment plans for all 3 clients had the same goals and strategies that failed to address their individual needs such as utilizing a budget, identifying short and long term spending goals, managing their impaired community integration and enrolling in available local community transportation resources and accessing the community at least 2-3 times per week and the impaired ability to remain safe unsupervised in the community. QP #1 failed to partner with the clients' legal guardians when developing the treatment plans and failed to ensure the Legal Guardians signed them. Client #2 complained of pain when walking due to the failure of QP #1 to have him seen by a podiatrist for nail care. Client #2's large toe on his right foot was approximately one inch long and the nail had grown out to the left side. The large toe on client #2's left foot was</p>	{V 289}		

Division of Health Service Regulation

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{V 289}	<p>Continued From page 18</p> <p>approximately one each long and was bent in an upward position. The other toenails were not cut. Clients smoked in the facility, as evidenced by having containers with smoked cigarette butts and ashes, even though the no smoking policy had been reviewed with them. The QP#2/CEO/L/RN was not aware clients continued to smoke in the facility as previously cited and the In-House Manager had incense burning. The facility's physical plant and environmental issues had been cited by the Division of Health Service Regulation multiple times since 11/15/2019. The QP#2/CEO/L/RN failed to address the previously cited issues such as a soft that sagged and had a large hole which exposed the frame and metal screws, clients used a pillow to cover up the frame and metal screws, blinds were broken in a client's bedroom and he lacked privacy, stained carpet throughout the facility, the shower floor was cracked in several places, the bathroom flooring gave way when stepped on, no chairs at the dining room table for the clients and a broken dishwasher. The clients continued to share plates, cups and utensils when they had meals. Additional issues were identified such as the glass storm door was not secured properly in the frame, pieces of paper towels were used to keep it in place, carpet had been removed on the steps leading to client #1 and #4's bedroom and the plywood was exposed, a strong odor of smoke throughout the facility and smoke detectors continued to beep. Observation of the facility on 4/5/22 revealed health and safety issues with the facility and its grounds. The QP#2/CEO/L/RN failed to purchase furniture, plates, utensils, and cups for the facility outside the 23 day correction period.</p> <p>This deficiency constitutes a recited deficiency.</p>	{V 289}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2022
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{V 289}	Continued From page 19 This deficiency constitutes a Failure to Correct the Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.	{V 289}		
{V 291}	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.	{V 291}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2022
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{V 291}	<p>Continued From page 20</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to coordinate care for 1 of 3 clients (#2). The findings are:</p> <p>Review on 4/6/22 of client #2's record revealed: -An admission date of 3/10/21 -Diagnoses of Chronic Paranoid Schizophrenia, History of Cocaine Use Disorder, Hypertension, GERD (Gastroesophageal Reflux Disease) by History, Urinary Incontinence by History and Sepsis Secondary to Urinary Tract Infection -No evidence or documentation to support client #1 was seen by a podiatrist or that appointments were made and canceled</p> <p>Observations on 4/5/22, at approximately 3:10pm, of client #2 revealed: -Took off both socks and shoes -The large toe on his right foot was approximately one inch long and the nail had grown out to the left side -The large toe on his left foot was approximately one each long and was bent in an upward position -The other toenails were not cut</p> <p>Interview on 4/5/22 with client #2 revealed: -Had not been to the podiatrist -"He (the podiatrist) must have gone to another house (sister facility), cause he ain't been here ..." -At times, it hurt to walk</p> <p>Interview on 4/6/22 with the podiatrist office's receptionist revealed: -Client #2 had never been seen in their office -An appointment for the client was canceled on 3/9/22</p>	{V 291}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/08/2022
NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4408 NORTHAMPTON DRIVE WINSTON-SALEM, NC 27105		
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{V 291}	<p>Continued From page 21</p> <ul style="list-style-type: none"> -The appointment was rescheduled on 5/4/22 -This appointment was canceled -A third appointment was scheduled for 5/9/22 -There were no notes in the computer system as to why the appointments were canceled <p>Interview on 4/6/22 with the Qualified Professional #1 (QP #1) revealed:</p> <ul style="list-style-type: none"> -Client #2 never went to the podiatrist -"He refused to go to the podiatry appointment that was scheduled for March 9th (2022). I rescheduled his appointment for May 4th, but I could not take him as I have other clients (at sister facilities) to take to their appointments. I have now scheduled his appointment for May 9th (2022) at 12pm ...what might have happened is that they changed the appointment without telling us ..." -Was unable to produce documentation of client #2's refusal to be seen by the podiatrist <p>Interview on 4/8/22 with the Qualified Professional #2/Chief Executive Officer/Licensee/Registered Nurse revealed:</p> <ul style="list-style-type: none"> -Client #2 refused to go to the appointment at the podiatrist's office on 3/9/22 -"I think [QP #1] rescheduled his appointment, but I will have to double check ..." -Was unable to produce documentation of client #2's refusal to be seen by the podiatrist <p>This deficiency constitutes a recited deficiency.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Failure to Correct Type A1 rule violation.</p>	{V 291}		
{V 369}	G.S. 122C-6 Smoking Prohibited	{V 369}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2022
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{V 369}	<p>Continued From page 22</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 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</p>	{V 369}		

Division of Health Service Regulation

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{V 369}	<p>Continued From page 23</p> <p>interviews, the facility staff failed to prohibit smoking inside the facility. The findings are:</p> <p>Observations on 4/5/22 ,at approximately 9:07am, of the facility revealed: -The facility had a strong odor of smoke -A no smoking sign was posted in the living room</p> <p>Further observations on 4/5/22, at approximately 9:22 am, of the facility revealed: -In client #1's room there were cigarettes on the nightstand, the window was cracked open, and ashes were found in a cup -In client 2's room there was a plastic bottle filled with cigarette butts that had been smoked and ashes</p> <p>Review on 4/5/22 of the facility's policy prohibiting smoking in the facility revealed: -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> <p>Interview on 4/5/22 with client #1 revealed: -Denied smoking cigarettes in the facility</p> <p>Interview on 4/5/22 with client #2 revealed: -"I have only smoked one time in the facility and that was today. I just told on myself."</p> <p>Interview on 4/5/22 with the House Manager (HM) revealed: -When shown the cigarettes and ashes in client #1 and client #3's bedroom, he stated "I was not aware they were smoking in the house. I will talk</p>	{V 369}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2022
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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 369}	<p>Continued From page 24</p> <p>to them immediately."</p> <p>Interview on 4/8/22 with the Qualified Professional #1 (QP #1) revealed: -The facility was to be smoke free -Was not aware the clients had smoked in the facility -"I think the clients had just gotten used to smoking in the facility ...I went over there (to the facility) and talked to them (the clients) ..." -Was not sure if the Qualified Professional #2/Chief Executive Officer/Licensee/Registered Nurse (QP #2/CEO/L/RN) had fined the clients -"I will have to go back and look (at documentation) ...when she fines them (the clients), she puts the amount of \$25.00 on their slips I don't know what she does with the slips. She may throw them away ..." -Would ensure the clients and staff were aware the facility was to be smoke free</p> <p>Interview on 4/8/22 with the QP #2/CEO/L/RN revealed: -Was not aware the clients were smoking in the facility -"When I was there yesterday (April 7, 2022), [the HM] had incense burning in the home. We do not allow this in the facility. I even went through the home and there was no residue of cigarettes anywhere ..." -Had a policy on no smoking and had addressed it previously with both the staff and the clients -"We do have a policy that there is to be no smoking inside. It is posted in the facility. Clients that are found smoking inside the facility would be fined \$25 ...all smoking paraphernalia needed to be kept outside ...since the last time you were there (at the facility), we explained the rules to both clients and staff ...we will continue to monitor for this behavior ...[The HM] will receive a written</p>	{V 369}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2022
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{V 369}	Continued From page 25 warning ..." This deficiency constitutes a recited deficiency. This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Failure to Correct Type A1 rule violation.	{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: Observations on 4/5/22, at approximately 9:19am, of the inside of the facility revealed: -The glass storm door was not secured properly in the frame and pieces of paper towels were used to keep it in place -Two beeping smoke detectors -A strong odor of smoke throughout the facility -The sofa sagged in several places and one of the cushions had a large hole in it which exposed the frame and metal screws -A client had used a pillow to cover the hole when they sat down	{V 736}		

Division of Health Service Regulation

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{V 736}	<p>Continued From page 26</p> <ul style="list-style-type: none"> -Stained carpeting in the all the clients' rooms -Carpet had been removed on the steps leading to client #1 and #4's bedroom and the plywood was exposed -The shower was dirty and the floor to the shower was cracked in several places in and around the drain -The flooring in the bathroom was sticky and gave way if stepped on -The air vents in the facility were covered in dust -Client #3's doorknob to his bedroom was loose and hung down -Client #3's bedroom had blinds that were broken and fell when they were touched <p>Further observations on 4/5/22, at approximately 9:52am, of the facility revealed:</p> <ul style="list-style-type: none"> -A dining room table, located in the kitchen, had no chairs for the clients -The kitchen's pantry door, next to the stove, was hanging by a loose bracket -The dishwasher was broken <p>Observations on 4/7/22, at approximately 8:44am, of the facility revealed:</p> <ul style="list-style-type: none"> -A sofa, a chair and a coffee table were present in the facility <p>Review on 4/6/22 of an invoice provided by the Qualified Professional #1 (QP #1) from the Qualified Professional #2/Chief Executive Officer/Licensee/Registered Nurse (QP#2/L/CEO/RN) revealed:</p> <ul style="list-style-type: none"> -The invoice was from a local city's rescue mission thrift store and dated 4/4/22 -The heading on the invoice listed the customer as the QP#2/L/CEO/RN -In the quantity and description columns of the invoice, the following items were listed as purchased: 1 sofa, 1 chair and 1 coffee table 	{V 736}		

Division of Health Service Regulation

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{V 736}	<p>Continued From page 27</p> <p>Review on 4/6/22 of a partial receipt from a nationally known store revealed: -No date was listed on the receipt -Purchased were "6 flatware, 2 four packs of plates, 5 tumblers"</p> <p>Interview on 4/5/22 with client #1' revealed: -He used the downstairs bathroom in his bedroom -"I use that toilet, but not the shower because it has not been replaced ..."</p> <p>Interview on 4/5/22 with client #2 revealed: -The facility did not have a new sofa or chairs at the kitchen table</p> <p>Interviews on 4/5/22 with client #3 revealed: -The window in his bedroom did not have curtains or blinds</p> <p>Observations and interview on 4/5/22, with the House Manager (HM), revealed: -While he swept the floor, the (HM) stated, "this house is so dirty. It was like this when I came on shift (4/4/22)." -Stated the condition of the facility was not "State ready." -"There are so many things that need to be repaired ..."</p> <p>Interview on 4/8/22 with the QP #1 revealed: -When asked about the repairs needed at the facility, QP #1 stated "That is a question for [the QP #2/CEO/L/RN] ...it may be that she ran out of time ..." -Stated the receipt the for the flatware, plates and tumblers was dated 4/5/22 and the purchases were made by the QP #2/CEO/L/RN on 4/5/22 -Was not sure why the items purchased were not</p>	{V 736}		

Division of Health Service Regulation

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{V 736}	<p>Continued From page 28</p> <p>at the facility</p> <p>Interview on 4/8/22 with the QP #2/CEO/L/RN revealed: -Had left town on 3/8/22 and returned on 3/21/22 -During this time, she relied on QP #1 to ensure the repairs to the facility were corrected -"There have been multiple attempts to get the shower and the floor in the bathroom replaced ...we tried fixing it ourselves, but it is beyond our ability ...we do not have the same landlord. We are under new management and when we have reached out to them, we get no responsewe still have things like the doorknobs, blinds, and flooring to be repaired. Our goal was to have the repairs made last week (the week of March 28, 2022). We have also consulted with other companiesthe intensity of the crack (in the shower) is now leaking into the sub flooring causing it to get soft." -Had purchased furniture for the facility on April 4, 2022 -"The new furniture was placed in the facility the evening of April 6th (2022) ...we had a difficult time coordinating someone to deliver them and to haul away the old furniture ...I was at the home yesterday (4/7/22). There are more things we want hauled off, like what is over the washer and dryer ..." -Was actively working on repairs to the facility</p> <p>Interview on 4/8/22 with the QP #2/CEO/L/RN revealed: -The clients were currently using the upstairs bathroom -" ...With the lockdown, we are trying to get caught up. We did purchase new pots. During the pandemic, we bought an insta-pot and a pan for baking ...you know we have corrected them (deficiencies). We are trying to fix them. We are</p>	{V 736}		

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{V 736}	<p>Continued From page 29</p> <p>actively working on it. Most of what you cited has been corrected. This is like a slap in the face...you want to fine us and have us pay for the shower to be repaired? The quote to fix the shower was almost \$8,000.00. I am just asking for some leniency. We can't afford all of this. You caught us with our pants down, so to speak ..."</p> <p>This deficiency was cited 5 times on 11/15/19, 2/19/20, 5/4/21, 2/22/22 and 4/8/22</p> <p>This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Failure to Correct Type A1 rule violation.</p>	{V 736}		