

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHARPE AND WILLIAMS #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4419 CANAAN PLACE WINSTON-SALEM, NC 27105</b>
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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><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on May 24, 2022. The complaint was unsubstantiated (Intake #NC00188066). 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 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></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> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement goals and strategies to meet the individualized needs for 1 of 3 audited clients (#3). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .5603 Operations (Tag V291). Based on record reviews and interviews, the facility failed to coordinate care for 1 of 3 audited clients (#3).</p> <p>Cross Reference: 10A NCAC 27G .0604 Incident Reporting Requirements for Category A and B Providers (V367). Based on record reviews and interviews, the facility failed to report all level II incidents to the LME/MCO (Local Management Entity/Managed Care Organization) within 72 hours of learning of the incident.</p> <p>Review on 5/10/22 of client #3's record revealed: -An admission date of 10/7/21 -Diagnoses of Schizoaffective Disorder, Bipolar Disorder, a History of Using Methamphetamines, and a History of Post-Traumatic Stress Disorder (PTSD) -An assessment dated 10/7/21 noted "was previously at [a state psychiatric hospital], needs a structured environment away from negative influences, needs her mind to be healthy, will improve her ability to be more social and will be active in the community, is good at construction</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>to be a girl, I need to make sure I am doing what I can to take care of myself and will use coping skills, without arguing or fighting and without substances, has a relationship with her step mother but not her biological parents, was removed from her biological mother in middle school, home environment was traumatic and had a history of substance use, both biological parents are active drug users, evidence of sexual abuse and parental neglect, has a history of using methamphetamines, will become too irritable fast if there are too many questions or if you are in her personal space, has a history of PTSD and often has flash backs."</p> <p>-A treatment plan dated 9/22/21 noted " ...has impaired social interaction ...will decrease environmental stimuli ... will avoid high risk environments and situations ...per unsupervised assessment tool, resident will remain in the community unsupervised for a period of zero hours ..."</p> <p>-No goals or strategies to address client #3's elopement.</p> <p>Review on 5/24/22 of client #3's medical records from a local hospital dated from 12/30/21 through 1/10/22 revealed:</p> <p>- " ...Patient (client #3) presented to the ED (Emergency Department) under an IVC (Involuntary Commitment) ...Patient had been living in a group home in [a local city] and recently eloped causing a silver alert to be issued ..."</p> <p>Review on 5/19/22 of the Safety Plan for client #3 dated 1/31/22 and completed by the Qualified Professional #1 (QP #1) revealed:</p> <p>-Both the QP #1 and client #3 had signed the safety plan-Both the QP #1 and client #3 had signed the safety plan</p> <p>-"List warning signs that a crisis may be</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>developing ...the urge to elope ..." -Safety Plan Recommendations/Summary " ...The resident (client #3) has an elopement risk ...and abuses illegal substances..."</p> <p>Review on 5/12/22 of the facility's submitted level II incident reports into the Incident Response Improvement System (IRIS) revealed: -Client #3 eloped from the facility on the following dates: 4/13/22, 5/1/22, 5/2/22, 5/3/22, 5/4/22 and 5/5/22.</p> <p>Review on 5/19/22 of the local police department's incident reports revealed: -On 5/1/22 and 5/4/22, they responded to the facility due to client #3's elopement</p> <p>Further review on 5/24/22 of the facility's incident reports revealed: -Client #3 eloped from the facility twice on 5/11/22 and again on 5/20/22 and 5/22/22</p> <p>Interviews on 5/12/22 and 5/13/22 with client #3 revealed: -Client #3 admitted to having elopements -Client #3 stated she had left the facility between 5 and 10 times through both the front and back doors since her admission in October 2021 -Had mostly left at night while the facility staff slept -Most recently left two times on 5/11/22.</p> <p>Further attempted interviews with client #3 were unsuccessful as she had eloped from the facility on 5/20/22 and 5/23/22.</p> <p>Interview on 5/9/22 with client #3's Former Guardian Representative (FGR) revealed: -"She (client #3) has a long history of elopement behaviors ...all the staff there knew she had a</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>history of running away ..."</p> <p>Interview on 5/12/22 with the Former In-House Manager (FIHM) revealed: -Client #3 had elopement issues -"No one ever did anything about it..."</p> <p>Interview on 5/6/22 with the In-House Manager #1 (IHM #1) revealed: -Client #3 had elopement issues and had left the facility several times on his shift -"All I could tell her was not to leave and call the police." -There were no goals or strategies in client #3's treatment plan to address her eloping</p> <p>Interview on 5/24/22 with the In-House Manager #2 (IHM #2) revealed: -"[Client #3] eloped from the facility on May 22nd (2022) at 2:31am and returned on May 23rd (2022) around 8:00pm ..." -All the IHM #2 could do when client #3 eloped was to call the police per the Agency's policy. -Was not sure if client #3's treatment plan addressed her elopement from the facility.</p> <p>Interview on 5/13/22 with the Qualified Professional #3/Human Resource Supervisor (QP #3/HRS) revealed: -" ...I have concerns about [client #3] because she runs away all the time ..." -The agency was planning to meet to discuss client #3 numerous elopements from the facility.</p> <p>Interview on 5/13/22 with the QP #1 revealed: -Was responsible for writing the clients' treatment plans -Was aware client #3's treatment plan did not address her elopement tendencies -Was aware client #3 had left the facility on</p>	V 112		

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V 112	<p>Continued From page 5</p> <p>numerous occasions since her admission on 10/7/21</p> <ul style="list-style-type: none"> <li>-Due to client #3's elopement tendencies, a safety plan was developed</li> <li>-The treatment plan for client #3 was currently being updated</li> <li>-Client #3 was hospitalized from 5/6/22 to 5/9/22 after eloping and due to feeling trapped in the facility and not having any freedom.</li> </ul> <p>Further interview on 5/24/22 with the QP #1 revealed:</p> <ul style="list-style-type: none"> <li>-Client #3 was hospitalized from 12/20/21 to 1/10/22 due to issues related to her elopement from the facility</li> </ul> <p>Interview on 5/17/22 with the Qualified Professional #2/Chief Executive Officer/Licensee/Registered Nurse (QP #2/CEO/L/RN) revealed:</p> <ul style="list-style-type: none"> <li>-Was aware client #3 had issues with elopement</li> <li>- "...[Client #3] came to us from the hospital and we were aware of her behaviors of leaving previous facilities. I am not aware as to how many times she has left the facility ..."</li> <li>-There were no awake staff or additional staff working with client #3 at night to prevent her elopement</li> <li>-Client #3 did not have any unsupervised time and it was the QP #1's responsibility to develop and implement goals for client #3's elopement issues</li> <li>-"I believe [the QP #1] is working on adding a goal with strategies to address this behavior ..."</li> </ul> <p>Review on 5/24/22 of the facility's Plan of Protection, dated 5/24/22 and completed by QP #1 revealed:</p> <ul style="list-style-type: none"> <li>-"What immediate action will the facility take to ensure the safety of the consumers in your care?"</li> </ul>	V 112		

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V 112	<p>Continued From page 6</p> <p>The QP (#1) will immediately (5/24/22) schedule a Treatment Team Meeting with the legal guardian of the resident that is eloping. The QP (#1) will immediately (5/24/22) develop and implement goals and strategies to address the resident's (client #3) elopement tendencies. The HR (Human Resources) Supervisor will immediately (5/24/22) respond and find coverage if any staff informs the HR Supervisor that they will need their shift covered for any reason. We will immediately (5/24/22) schedule retraining for the HR Supervisor on abuse, neglect and/or exploitation. The HR Supervision will immediately (5/24/22) report staffing issues. The QP (#1) will immediately (5/24/22) schedule the resident (client #3) to attend PSR and start on GED classes once she has finished substance treatment. We will immediately (5/24/22) schedule a meeting to discuss implementing chimes and alarms on the doors and windows. -Describe you plans to make sure the above happens. On 5/24/22 the resident (client #3) was transported to [a local mental health agency] to be placed on a 23-hour assessment hold to ensure she will be referred to an inpatient or outpatient substance treatment program. We will immediately (5/24/22) schedule a meeting with the HR Supervisor to retrain him on his job description and retrain him on abuse, neglect and/or exploitation and have it completed in the 23-day time frame."</p> <p>Client #3 had diagnoses of Schizoaffective Disorder, Bipolar Disorder, a History of Using Methamphetamines, and a History of PTSD. Client #3's treatment plan had not been updated to add goals and strategies to address her elopement tendencies which had been occurring since 12/2021. Client #3's substance abuse disorders, along with her elopement, caused her</p>	V 112		

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V 112	Continued From page 7  to be involuntarily committed to a local hospital from 12/30/21 to 1/10/22. During this hospitalization, client #3 had a positive urine screen for Amphetamines, Methamphetamines, Cannabis, Cocaine, Fentanyl and Tricyclic Antidepressants. When client #3 was involuntarily committed to a local hospital for the second time from 5/6/22 to 5/9/22, her urine screen was positive for Cannabis and Cocaine. After multiple elopements and positive drug screens, the facility failed to coordinate services to provide client #3 with any substance use programs. The facility also failed to complete incident reports for the elopement and substance use incidences. These failures to develop and implement goals and strategies for both elopement and substance abuse as well as failure to coordinate services results in serious neglect of client #3. 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.	V 112		
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	V 291		

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V 291	<p>Continued From page 8</p> <p>treatment/habilitation or case management.</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to coordinate care for 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 5/10/22 of client #3's record revealed: -An admission date of 10/7/21 -Diagnoses of Schizoaffective Disorder, Bipolar Disorder, a History of Using Methamphetamines, and a History of Post-Traumatic Stress Disorder (PTSD) -An assessment dated 10/7/21 noted "was previously at [a state psychiatric hospital], needs a structured environment away from negative influences, needs her mind to be healthy, will improve her ability to be more social and will be active in the community, is good at construction to be a girl, I need to make sure I am doing what I</p>	V 291		

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V 291	<p>Continued From page 9</p> <p>can to take care of myself and will use coping skills, without arguing or fighting and without substances, has a relationship with her step mother but not her biological parents, was removed from her biological mother in middle school, home environment was traumatic and had a history of substance use, both biological parents are active drug users, evidence of sexual abuse and parental neglect, has a history of using methamphetamines, will become too irritable fast if there are too many questions or if you are in her personal space, has a history of PTSD and often has flash backs."</p> <p>-A treatment plan dated 9/22/21 noted " ...will manage substance dependence due to substance use in the past, but the substance dependency is currently in remission, will verbalize understanding of effects of substance abuse ...will refrain from using or abusing chemical agents ...will attend a Psycho-Social Rehabilitation (PSR) Program ..."</p> <p>Review on 5/24/22 of client #3's discharge papers from a local hospital dated 1/10/22 revealed: -Reason for visit: "Patient (client #3) is a 22-year-old female with a history of schizoaffective disorder, PTSD, Polysubstance abuse ...who presented to the ED (Emergency Department) under IVC (Involuntary Commitment) due to paranoid and disorganized behavior in the setting of acute intoxication ..." -Client #3's Legal Guardian Representative reported "the patient ...had been engaged in severe drug use ...her guardian plans to return her to [Sharpe and Williams #3] and to be able to go to a long-term rehabilitation facility from there ...she is currently (on 1/7/22) at a high risk for discharge because of her frequent relapses ...on 1/10/22, psycho-education was done on the importance of substance abuse and as it relates</p>	V 291		

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V 291	<p>Continued From page 10</p> <p>to motivation for change ...the patient was educated about relevant modification risk factors including following recommendations for treatment of psychiatric illness and abstaining from substance abuse ..."</p> <p>-Her UDS (Urine Drug Screen) was positive for Amphetamines, Methamphetamines, Cannabis, Cocaine, Fentanyl and Tricyclic Antidepressants</p> <p>-Discharge Diagnoses: "Acute Psychosis and Polysubstance Abuse"</p> <p>-Client #3 was discharged on 1/10/22</p> <p>Review on 5/19/22 of client #3's discharge papers from a local hospital dated 1/10/22 revealed:</p> <p>-Reason for visit: aggressive behavior</p> <p>-Diagnoses: Aggressive behavior, cocaine abuse and methamphetamine abuse</p> <p>-A urine screen was obtained on 5/6/22 at 4:37am</p> <p>-The results of client #3's screen showed positive results for Cannabis and Cocaine</p> <p>-Recommendations on the discharge papers for client #3 included follow ups with a local mental health agency and a local substance abuse program within 3 days of leaving the hospital</p> <p>Review on 5/19/22 of the Safety Plan for client #3 dated 1/31/22 and completed by the Qualified Professional #1 (QP #1) revealed:</p> <p>-Both the QP #1 and client #3 had signed the safety plan</p> <p>" ...[Client #3] will be enrolled in a PSR program and SA (Substance Abuse) program and attend weekly NA (Narcotics Anonymous) meetings and start classes for her General Educational Developmen (ED) ..."</p> <p>Interviews on 5/12/22 and 5/13/22 with client #3 revealed:</p> <p>-Admitted to smoking marijuana, drinking beer and using other illegal substances.</p>	V 291		

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V 291	<p>Continued From page 11</p> <p>-She refused to answer any other questions</p> <p>Interview on 5/9/22 with client #3's Former Guardian Representative (FGR) revealed: -"She (client #3) has a long history of ...abusing substances. Several months ago she tested positive for 5 or 6 substances ..."</p> <p>Review on 5/24/22 of the facility's incident reports revealed: -Client #3 returned to the facility on 5/23/22 and admitted to only using marijuana "and not anything hard (other illicit drugs) ..."</p> <p>Interview on 5/19/22 with the QP #1 revealed: -Had attempted to get client #3 enrolled in a substance abuse program since her discharge from the hospital on 1/10/22 -Client #3 refused to sign the consent for treatment for the substance abuse program -On 5/17/22, the QP #1 went to the facility to have client #3 sign a consent form for treatment at another agency's Substance Abuse Treatment Program, but client #3 would not sign the consent to attend the program -Would attempt again, on 5/20/22, to have client #3 sign the consent to attend the substance abuse program -QP #1 stated she ran out of time on 5/20/22 to go by the facility to see if client #3 would sign the consent for substance abuse treatment</p> <p>Further interview on 5/20/22 with QP #1 revealed: -Client #3 was taken to a Narcotics Anonymous (NA) meeting on 5/5/22 at a local outpatient facility, by the Medication Technician Supervisor (MTS), but was told the agency had not done any in-person meetings due to the pandemic -On 5/6/22, client #3 was taken to another NA meeting by the MTS at a local church and no one</p>	V 291		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHARPE AND WILLIAMS #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4419 CANAAN PLACE WINSTON-SALEM, NC 27105</b>
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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 291	<p>Continued From page 12</p> <p>was present</p> <p>-On 5/16/22, QP #1 went to a local outpatient facility to see if they had an updated listing of NA meetings</p> <p>-Back on 9/24/21, QP #1 had spoken to the PSR's coordinator who stated client #3 could start attending on 9/28/21</p> <p>-"After I called the coordinator, as he had requested an updated CCA (Comprehensive Clinical Assessment) and the updated CCA was faxed on 9/27/21 and the coordinator stated he had received the documentation ...I called the coordinator again on 9/29/21 and he stated he would follow back up with me to see when [client #3] could start. I continued to follow up with the coordinator, but never heard back from him. I put another referral in on 5/16/22 ..."</p> <p>-Had not started the GED process with client #3 "because we want to get her in substance abuse treatment and PSR first."</p> <p>Further interview on 5/24/22 with QP #1 revealed:</p> <p>-The MTS had been transporting client #3 to a local mental health agency every Monday, Wednesday, and Friday, when she had not eloped from the facility.</p> <p>-Client #3 was taken to a local mental health agency on 5/23/22 for a substance abuse assessment</p> <p>-"Now she is supposed to start the SAIOP (Substance Abuse Intensive Outpatient), with [the local mental health agency] on May 27th (2022). We learned she cannot start until her Medicaid was switched to our county. I called and spoke with the supervisor of [the social worker] at 8:29am. She was able to do the county transfer. I am now waiting on [a local county]'s Department of Social Services to respond and accept the county transfer ..."</p>	V 291		

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V 291	<p>Continued From page 13</p> <p>Interview on 5/17/22 with the Qualified Professional #2/Chief Executive Officer/Licensee/Registered Nurse (QP #2/CEO/L/RN) revealed: -When client #3 was admitted to the facility in October 2022, "her assessment stated her substance use was in remission ...since January 2022, we have learned when she leaves the facility, she used illegal substances." -The QP #1 had attempted to enroll client #3 into a substance abuse program, a PSR program and had taken her to NA meetings. -" ...I am not sure if [client #3] has been enrolled in a GED program ..."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 291		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>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</p>	V 367		

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V 367	<p>Continued From page 14</p> <p>means. The report shall include the following information:</p> <ol style="list-style-type: none"> <li>(1) reporting provider contact and identification information;</li> <li>(2) client identification information;</li> <li>(3) type of incident;</li> <li>(4) description of incident;</li> <li>(5) status of the effort to determine the cause of the incident; and</li> <li>(6) other individuals or authorities notified or responding.</li> </ol> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <ol style="list-style-type: none"> <li>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</li> <li>(2) the provider obtains information required on the incident form that was previously unavailable.</li> </ol> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> <li>(1) hospital records including confidential information;</li> <li>(2) reports by other authorities; and</li> <li>(3) the provider's response to the incident.</li> </ol> <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</p>	V 367		

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V 367	<p>Continued From page 15</p> <p>or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (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> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II incidents to the LME/MCO (Local Management Entity/Managed Care Organization) within 72 hours of learning of the incident. The findings are:</p> <p>Reviews on 5/10/22, 5/12/22, 5/19/22 and 5/24/22</p>	V 367		

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V 367	<p>Continued From page 16</p> <p>of the facility's level II incident reports from December 2021 to May 2022 revealed: -No incident reports were submitted into the Incident Response Improvement System (IRIS) for client #3's elopements from the facility on 12/30/21, 3/28/22, twice on 5/11/22, 5/20/22 and 5/22/22.</p> <p>Review on 5/10/22 of an email from the Qualified Professional #1 (QP #1) to a local LME/MCO's representative revealed: -"4/12/22 at 10:32am... have attached the investigation report for the initial allegation report. The investigation report was done the same day and time as the initial allegation report. I do not know how it was not submitted. Please give me a call once you receive this email. Thank you!"</p> <p>Interview on 5/9/22 with the LME/MCO representative revealed: -Was unable to find any information in IRIS regarding the lack of supervision by staff for the clients at the facility. -Had contacted the facility's QP whom stated she would send the completed report for the incident -As of 5/9/22 there had been no final report sent to her Agency</p> <p>Interviews on 5/6/22 with client #1 and client #3 revealed: -On 3/28/22 the Former In-House Manager left them alone at the facility</p> <p>Interviews on 5/12/22 and 5/13/22 with client #3 revealed: -On a few of the occasions when she eloped from the facility, she smoked pot and drank beer in the woods. -When she eloped on 5/11/22 she admitted to using illegal substances.</p>	V 367		

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V 367	<p>Continued From page 17</p> <p>-Client #3 refused to answer any other questions</p> <p>Further attempted interviews with client #3 were unsuccessful as she had eloped from the facility on 5/20/22 and 5/23/22.</p> <p>Interview on 5/24/22 with the In-House Manager #2 (IHM #2) revealed: -Client #3 eloped from the facility on 5/23/22 for approximately 4 hours</p> <p>Interview on 5/16/22 with the QP #1 revealed: -Was responsible for ensuring level II incident reports were submitted within the mandated time frames -Was not sure why the incident reports did not get entered into IRIS correctly -"I did not complete an IRIS report for the elopements on May 11th (2022) as I ran out of time with the 72-hour window."</p> <p>Interview on 5/17/22 with the Qualified Professional #2/Chief Executive Officer/Licensee/Registered Nurse (QP #2/CEO/L/RN) revealed: -The QP #1 was responsible for all incident reports -"She follows our protocol for submitting the incident reports." -Was aware of the time mandates for incident reports to be submitted into IRIS. -"I am not sure why this was not done ..." -Was not aware the QP #1 had not submitted incident reports on 12/30/21, 1/10/22, 3/28/22 and two separate occasions on 5/11/22 for client #3's elopement behaviors</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) for</p>	V 367		

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V 367	Continued From page 18  a Type A1 rule violation and must be corrected within 23 days.	V 367		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 3 Qualified Professionals (the Qualified Professional #3/Human Resource Supervisor (QP#3/HRS) neglected 3 of 3 audited clients (#1, #2, and #3). The findings are:</p>	V 512		

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V 512	<p>Continued From page 19</p> <p>Review on 5/12/22 of the QP #3/HRS's record revealed: -A hire date of 2/25/22. -Education and experience of a Qualified Professional -A job description of HRS</p> <p>Review on 5/10/22 of client #1's record revealed: -An admission date of 6/16/16 -Diagnoses of Schizophrenia, Cataracts, Vitamin D Deficiency, Epidural Cyst, Vitamin B12 Deficiency, GERD (Gastroesophageal Reflux Disease) and Anemia -An assessment dated 6/15/16 noted "history of self-isolation, currently hospitalized, neglect of self-care, refusing medications, psychosis's, crying and yelling, lived in an apartment prior to admission, apartment was left uninhabitable, no contact with siblings or extended family, parents are deceased, unable to locate daughter, needs cataract removal of right eye, has no family involvement, only supports for her are professionals, has done well in a structured setting and on medications, gets along well with others and attends groups, but also appears to like quiet time." -A treatment plan dated 12/24/21 noted "manage Schizophrenia, will seek out supportive social contacts, resident will improve social interactions with family, friends and neighbors, will use appropriate social skills in interactions, will verbalize recognition of dilutional thoughts if they persist, will perceive the environment correctly, will avoid high risk environments in situations, will interact with others appropriately, will maintain medical compliance, will identify one action that helps client feel more in control of her life, will manage risk of suicide, will report adequate supportive social contacts due to ineffective coping, will discuss with the aid or counselor at</p>	V 512		

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V 512	<p>Continued From page 20</p> <p>least three situations that trigger suicidal thoughts as well as feelings of those situations, will express the will to leave due to feelings of hopelessness, will have an expression of positive future orientation, will have an expression of meaning of life, and will access community available resources."</p> <p>Review on 5/10/22 of client #2's record revealed: -An admission date of 4/28/15 -Diagnoses of Schizophrenia, Dementia, Hypertension, Morbid Obesity, Non-Insulin Dependent Diabetes, Localized Edema, and Insomnia -An assessment dated 4/28/15 noted "admitted from a facility that closed down, referred by her guardian, is a good roommate and she likes to clean, her family history is unknown as well as any substance use history and she has below average intellectual functioning." -A treatment plan dated 1/19/22 noted "will express feelings in a coherent logical goal directed manner, will demonstrate reality-based thought processes in verbal communication, will spend time with one or two other people in structured activity neutral topics, will spend two to three 5 minute sessions with aid sharing observations in the environment, will be able to communicate in a manner that can be understood by others with the help of medication and attentive listening by the time of discharge, will learn one or two diversional tactics that work for her to decrease her anxiety hints improving the ability to think clearly and speak more logically, will seek out supportive local contacts, will improve social interaction with family, friends and neighbors, will use appropriate social skills in interactions, will engage in one activity with the aide by the end of the day, will maintain an interaction with another client while doing an</p>	V 512		

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V 512	<p>Continued From page 21</p> <p>activity, will learn ways to refrain from responding to hallucinations, will state three symptoms they recognize when their stress levels are high, will state that the voices are no longer threatening nor do they interfere with her life, will verbalize recognition of delusional thoughts if they persist, will perceive the environment correctly, will demonstrate satisfying relationships with real people, will demonstrate creased anxiety level and will refrain from acting on delusional thinking."</p> <p>Review on 5/10/22 of client #3's record revealed: -An admission date of 10/7/21 -Diagnoses of Schizoaffective Disorder, Bipolar Disorder, a History of Using Methamphetamines, and a History of Post-Traumatic Stress Disorder (PTSD) -An assessment dated 10/7/21 noted "was previously at [a state psychiatric hospital], needs a structured environment away from negative influences, needs her mind to be healthy, will improve her ability to be more social and will be active in the community, is good at construction to be a girl, I need to make sure I am going what I can to take care of myself and will use coping skills, without arguing or fighting and without substances, has a relationship with her step mother but not her biological parents, was removed from her biological mother in middle school, home environment was traumatic and had a history of substance use, both biological parents are active drug users, evidence of sexual abuse and parental neglect, has a history of using methamphetamines, will become to irritable fast if there are too many questions or if you are in her personal space, has a history of PTSD and often has flash backs." -A treatment plan dated 9/22/21 noted "has impaired verbal communication and will enhance</p>	V 512		

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V 512	Continued From page 22  her communication skills, will express thoughts and feelings in a coherent, local and goal-directed manner, will learn one or two diversionary tactics that work for her to decrease anxiety, will perform deep breathing exercises or read aloud to herself, has impaired social interaction, and will seek out supportive social contacts, will use appropriate skills to initiate and maintain interactions with others, has auditory and visual hallucinations, will maintain social relationships, will identify two stressful events that trigger hallucinations, will decrease environmental stimuli, has a disturbed thought process and will refrain from acting on delusional thinking, will demonstrate two effective coping skills that minimize delusional thoughts, will maintain medication regimen, will manage signs and symptoms of schizoaffective disorder, bipolar type, will avoid high risk environments and situations, will reduce triggers and aggressive behaviors, will understand the need for medical adherence, will report an absences of delusions, racing thoughts and irresponsible actions, will manage substance dependence due to substance use in the past, but the substance dependency is currently in remission, will verbalize understanding of effects of substance abuse, will continue to remain free of suicidal ideations, and reduce those thoughts, will remain safe while in the facility, will uphold a suicide contract, will refrain from using or abusing chemical agents, will identify three situations that trigger suicidal thoughts, will demonstrate two new problem solving skills that she finds effective in making life decisions, will attend a PSR Program and medical appointments, per unsupervised assessment tool, resident will remain in the community unsupervised for a period of zero hours and will gain control over her spending habits."	V 512		

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NAME OF PROVIDER OR SUPPLIER  <b>SHARPE AND WILLIAMS #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4419 CANAAN PLACE WINSTON-SALEM, NC 27105</b>
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V 512	<p>Continued From page 23</p> <p>Reviews of text messages and interviews with clients, staff and other professionals revealed a timeline for the sequence of events from 3/25/22 to 3/28/22 where the clients were left unsupervised.</p> <p>-On March 25, 2022 (a Friday), the Former In-House Manager (FIHM) worked at the facility</p> <p>-The FIHM called and informed the QP#3/HRS she was having a mental breakdown and needed to be relieved from her shift so she could get treatment</p> <p>-On March 26th and 27th, 2022 (a Saturday and a Sunday), the FIHM worked at the facility and stated "it was all I could do was to get out of the bed to feed the clients and administer their medications."</p> <p>-On March 28, 2022, at approximately 4:55pm or 4:56pm, the Qualified Professional #1 ( QP #1) arrived at the facility unannounced and left at approximately 5:37pm</p> <p>-On March 28, 2022, the FIHM left the facility between 5:38pm and 6:15pm before client #3's Former Guardian Representative (FGR) arrived at approximately 6:15pm</p> <p>-The FGR noticed there was no facility staff present with the clients</p> <p>-On March 28, 2022, at 6:52pm, the FIHM sent a group text message to the QP #1, the/QP#3 HRS and the Associate Qualified Professional (AQP) which stated "I quit, im gone. thanks for the opportunity my mental (health) ain't ready. Sorry I thought I could do it."</p> <p>-The FGR remained at the facility until 6:55pm when she called the QP #1 to let her know there was no staff present and she needed to leave the facility</p> <p>-The QP #1 stated she was informed several minutes earlier via a group text message from the FIHM that she was leaving her shift</p> <p>-At approximately 6:55am (on 3/25/22) the QP #1</p>	V 512		

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V 512	<p>Continued From page 24</p> <p>spoke with the QP #3/HRS to see if he could find staff coverage at the facility</p> <p>-At 7:56pm, on March 28, 2022, the Medication Technician Supervisor (MTS) arrived at the facility to stay with the clients until a Medical Technician (MT) could relieve her</p> <p>-The FGR texted the QP #1 on 3/28/22, at 10:08pm, to determine if relief staff had gotten to the facility</p> <p>-The QP #1 stated there was now staff at the facility</p> <p>Further reviews and interviews determined the clients were unsupervised for approximately 2 hours and 19 minutes.</p> <p>Interview on 5/6/22 with client #1 revealed: -"[The FIHM] left us alone for a few hours ...she left before I went to bed which is around 7pm to 8pm..someone picked her up ...that left us all unprotected at this group home ...I don't feel safe when there's no staff here..."</p> <p>Attempted interview on 5/6/22 with client #2 was unsuccessful due to inability to respond to any questions.</p> <p>Interviews on 5/12/22 and 5/13/22 with client #3 revealed: -The FIHM left all six clients alone at the facility -"She just left. She did not say anything to anybody." -There were no other facility staff present for several hours -"My guardian stopped by late on that day (March 28, 2022) and we talked. She asked me where the staff was, and I said she left and that nobody was in charge ...no new staff came over until after she left and that was over an hour later ..."</p>	V 512		

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V 512	<p>Continued From page 25</p> <p>Interview on 5/12/22 with the FIHM revealed:                      -Had worked at the facility since October 2021                      -"On 3/25/22, I woke up. I have diagnoses of PTSD, Bipolar Disorder and Depression. There were no triggers. I just woke up and my depression was out of control. I was having mental issues. I haven't had them in a long time. I just had a mental breakdown where I needed to be relieved (from work) to get help. I called [the QP#3/HRS] and told him what was going on. He was my supervisor. I told him I needed someone to relieve me so I could go to the hospital. He told me we were short staffed, and he would try to find someone to cover my shift. I was crying and depressed and I was having suicidal thoughts. I told him all of this. I told him I needed help. He just blew me off ...I was supposed to work until my week was over on 3/31/22."                      -Stayed and worked at the facility from Friday, 3/25/22 through Monday, 3/28/22                      -"It was all that I could do was to get out of the bed and feed everyone (the clients) and give them their medications. That's all I could do. My mom and sister called and texted me every day because they were worried about me."                      -On Monday, 3/28/22, "my mental health issues had gotten worse when I woke up. I texted him again and he said he could not find anyone. I said to him 'I need to leave. I don't want the clients to find me in a puddle of blood. I did not have a plan to kill myself, but I needed help. I tried to stay but couldn't. My sister came and picked me up and took me to the hospital. I committed myself and stayed there for a week. I hated what I did to those clients. I loved my job, but when I asked for help, no one helped me. I don't know why [the QP#3/HRS] couldn't come and stay with the clients until he found someone to work my shift ..."</p>	V 512		

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V 512	<p>Continued From page 26</p> <p>Interview on 5/9/22 with client #3's FGR revealed: -She had arrived at the facility around 6pm or 6:30pm to check on client #3 on March 28th (2022) -"There were no staff present at the facility and the clients had been left alone ..." -The FGR stated she stayed at the facility for approximately 30 minutes -"I got my phone and called [the QP #1] and told her there was no staff present at the facility. [The QP #1] told me she would take care of it (locating facility staff) ..."</p> <p>Further interview on 5/18/22 with client #3's FGR revealed: -Reiterated there was no staff at the facility on 3/28/22 when she made an unannounced visit to see client #3 -Client #3 stated she was not sure what happened to the staff -On 3/28/22 at 6:52pm, the FGR called the QP #1 stating there was no staff at the facility -"She (QP #1) stated she would take care of it." -Left the facility at approximately 6:55pm -Denied telling any of the upper management staff that she would remain at the facility with the clients until facility staff could arrive -"I absolutely said nothing to any of the facility staff that I would stay at the facility with the clients and when I left, there was no staff present at the facility ..."</p> <p>Interview on 5/13/22 with the QP#3/HRS revealed: -Did not know a lot about the FIHM or any mental issues -Had not gotten involved with any issues the FIHM may have been having with her family, "but she did say she was going through something with her sister ..."</p>	V 512		

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V 512	<p>Continued From page 27</p> <p>-I had gotten a call from [the FIHM] on March 28th (2022). She said she was not feeling too well. I do not know what was going on in her head. I told her to take her time and reflect on whatever was bothering her and if she needed anything else to contact me. She stated she was going to call and talk to her mother as that always seemed to help her calm down ...she did tell me, if she could not get emotions under control over the weekend (March 26th and March 27th, 2022), then she may need someone to cover her shift. I told her just to let me know, but I did not hear anything from her over the weekend."</p> <p>-Denied the FIHM was crying or upset during their telephone conversation</p> <p>-Did not call and check on the FIHM over the weekend of March 25th to March 28th, 2022</p> <p>-Later, on Monday, (3/28/22), the QP#3/HRS stated he received a group text message on his cell phone but was not able to show this surveyor the text messages as he had deleted everything</p> <p>-"The text (message) pretty much said she was feeling overwhelmed and could no longer do her job and that she was leaving. I asked her to stay until I could get some coverage and then, before I could find coverage, she left."</p> <p>-After he found out the FIHM had left the facility, he called the Medication Technician (MT) to see if he could cover the rest of the shift and stay the night with the clients</p> <p>-"I know [client #3]'s [FGR] had found the clients alone at the facility. I do know the clients were only left for short amount of time ..."</p> <p>-Was not aware that over the weekend, the FIHM, could only get out of bed to feed the clients and hand out their medications</p> <p>-"I used to work in the facility, and it is one of the easiest jobs to do. All you had to do was cook clean, administer medications, and run their goals. I would always ask the staff if they felt like</p>	V 512		

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V 512	<p>Continued From page 28</p> <p>they were capable of doing their jobs at the facility ...not one staff said they could not do the job and that included [the FIHM] ...I feel like [the FIHM] was negligent in leaving the clients alone when she left in the middle of her shift. She did not even stay with the clients before I could find another staff ...I had concerns about [client #3] because she runs away all the time and I was concerned about [client #2] as she is not able to look out for herself and she has dementia ..."</p> <p>Interview on 5/6/22 with the MT revealed: -Worked split shifts between two facilities from 8am to 4pm Monday through Friday -"On the day this happened (3/28/22), I went to the facility around 1:00pm to 1:15pm. When I arrived there, and all 6 clients were present as was [the FIHM] ... She told me she was going on her break. So, at 1:30pm she left the facility. She came back sometime after 4pm ..." -When the MT left the facility the FIHM was back at the facility with the clients. -Later in the evening, the MT got a call from the QP#3/HRS to see if he could spend the night at the facility</p> <p>Interview on 5/13/22 with the QP #1 revealed: -Learned on March 28th (2022) at approximately 6:52pm, from client #3's FGR, there was no staff at the facility and the clients were alone -Had stated to the FGR, that she would handle the situation and get staff coverage immediately -"[FGR] offered to stay at the facility with the clients so they would not be alone. I got the impression from [FGR] she was still at the facility when she texted me. I had no idea she had left the facility leaving the clients alone. Why would she do that?" -The QP#3/HRS was in charge of finding coverage for the facility</p>	V 512		

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V 512	<p>Continued From page 29</p> <p>-Relief staff arrived at the facility on 3/28/22 at 7:56pm</p> <p>Interview on 5/16/22 with the Qualified Professional #2/Chief Executive Officer/Licensee/Registered Nurse (QP #2/CEO/L/RN) revealed:</p> <p>-Was made aware on 3/29/22 that a former staff had left the clients alone on 3/28/22</p> <p>-Was not aware the former staff had a history of depression or any mental health issues</p> <p>-"If a staff is not able to continue their shift at the facility, then they contact [the HRS] and he will find coverage. If the staff needs to leave right away, [the QP#3/HRS] will head over right away ..."</p> <p>-Was not aware of how long the clients were left in the facility without staff supervision</p> <p>-"...in that house, the ladies have been there (lived at the facility) a good amount of time and without knowing their profiles (diagnoses and their history) right off hand, I can't be sure which of the clients have unsupervised time. We do train the staff not to leave them alone ..."</p> <p>-Was told the MT stayed at the facility and worked the overnight shift (on 3/28/22 into 3/29/22)</p> <p>-"There was no verbalization to the administrative team that the former staff had depression or any other 'mental health issues.'"</p> <p>Review on 5/24/22 of the facility's Plan of Protection dated 5/24/22 and completed by QP #1 revealed:</p> <p>-"What immediate action will the facility take to ensure the safety of the consumers in your care? The QP (#1) will immediately (5/24/22) schedule a Treatment Team Meeting with the legal guardian of the resident that is eloping. The QP (#1) will immediately (5/24/22) develop and implement goals and strategies to address the</p>	V 512		

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V 512	<p>Continued From page 30</p> <p>resident's (client #3) elopement tendencies. The HR (Human Resources) Supervisor will immediately (5/24/22) respond and find coverage if any staff informs the HR Supervisor that they will need their shift covered for any reason. We will immediately (5/24/22) schedule retraining for the HR Supervisor on abuse, neglect and/or exploitation. The HR Supervision will immediately (5/24/22) report staffing issues. The QP (#1) will immediately (5/24/22) schedule the resident (client #3) to attend PSR and start on GED classes once she has finished substance treatment. We will immediately (5/24/22) schedule a meeting to discuss implementing chimes and alarms on the doors and windows.</p> <p>-Describe you plans to make sure the above happens. On 5/24/22 the resident (client #3) was transported to [a local mental health agency] to be placed on a 23-hour assessment hold to ensure she will be referred to an inpatient or outpatient substance treatment program. We will immediately (5/24/22) schedule a meeting with the HR Supervision to retrain him on his job description and retrain him on abuse, neglect and/or exploitation and have it completed in the 23-day time frame."</p> <p>This facility was licensed for 6 female clients that had diagnoses of Schizophrenia, Dementia, Hypertension, Morbid Obesity, Non-Insulin Dependent Diabetes, Localized Edema and Insomnia, Cataracts, Vitamin D Deficiency, Epidural Cyst, Vitamin B12 Deficiency, GERD, Anemia, Schizoaffective Disorder, Bipolar Disorder, a History of Using Methamphetamines and a History of Post-Traumatic Stress Disorder (PTSD). On March 25, 2022, the FIHM stated she was having mental health issues and called the QP#3/HRS to ask for relief staff as she needed help. The QP#3/HRS admitted he spoke with the</p>	V 512		

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V 512	Continued From page 31  FIHM and was informed he needed to find relief staff. This resulted in FIHM staff continuing to work during her personal issues. The QP#3/HRS failed to provide a relief staff to cover FIHM's shift from 3/25/22 to 3/28/22. On 3/28/22, the QP#3/HRS was made aware the clients were alone at the facility with no staff supervision. The QP#3/HRS's failure to find relief staff 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.	V 512		
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 and interviews, the facility and its grounds were not maintained in a safe, clean, orderly, and attractive manner. The findings are:  Observations on 5/6/22 at approximately 4:01pm of the outside of the facility revealed: -A green substance was present on all 4 sides of the facility.	V 736		

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V 736	<p>Continued From page 32</p> <p>Observations on 5/6/22 at approximately 4:15pm of the inside of the facility revealed:</p> <ul style="list-style-type: none"> <li>-A kitchen cabinet was missing a door</li> <li>-The sofa in the living room sagged when sat on by both staff and clients</li> <li>-Arectangular table in the living room, several small white Christmas trees were placed under it</li> <li>-Dust was present in the air duct vent</li> <li>-A shower chair was sitting near the wall with scraped paint on the drywall approximately 2 1/2 feet long at the height of the shower chair's seat bolts</li> <li>-One of three bulbs in an over vanity light fixture were burned out and the fixture had rust on the facing</li> <li>-Client #1's bedroom was cluttered with items such as two sofas, lots of décor and very little room to move about</li> <li>-In client #2's bedroom, shoes, clothing and other items were stuffed under her hospital bed</li> <li>-Under client #2's comforter was a large Ziplock bag with papers, used tissue and other items inside it</li> <li>-The shared closet in client #2 and client #3's bedroom had items piled up the interior walls</li> <li>-There were clothing items on the floor</li> <li>-Her comforter had several holes in it</li> </ul> <p>Observations on 5/24/22 at approximately 12:45pm of the inside of the facility revealed:</p> <ul style="list-style-type: none"> <li>-In client #2 and client #3's bathroom, the shower curtain and liner were pulled off the rod and wadded up on the top of the toilet.</li> <li>-In client #1's bedroom, the mattress and box spring was not flush with the metal bedframe</li> <li>-The metal bedframe was approximately 4 more inches longer</li> <li>-A living room chair was set up in front of a computer with a video game paused and several</li> </ul>	V 736		

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V 736	<p>Continued From page 33</p> <p>of the wires stretched across the living room, which could cause tripping hazards for the clients</p> <p>Interview on 5/6/22 with client #1 revealed: -There were no repairs needed except for the sofa and the cabinet door missing in the kitchen -"I do know this house needs to be washed on the outside." -Client #1 stated she had been living at the facility for 6 years and had the same bed -She wanted a new mattress and box spring that actually fit her metal bed frame -"When you walk around my bed, you hit the metal bed frame and it hurts ..."</p> <p>Attempted interview on 5/6/22 with client #2 was unsuccessful due to inability to respond to any questions.</p> <p>Interview on 5/13/22 with client #3 revealed: -Was not aware of any repairs that needed to be made to the inside of the facility -"The walls on the outside are nasty. They have green mold growing on them!"</p> <p>Interviews on 5/6/22 with the In-House Manager #1 (IHM #1) and the Medication Technician (MT) revealed: -No repairs were needed to the facility</p> <p>Interview on 5/13/22 with the Qualified Professional #3/Human Resources Supervisor (QP#3/HRS) revealed: -No repairs were needed to the facility -Had not noticed the green growth on the outside walls of the facility</p> <p>Interview on 5/16/22 with the Qualified Professional #1 revealed: -It was the responsibility of the Administrative</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHARPE AND WILLIAMS #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4419 CANAAN PLACE WINSTON-SALEM, NC 27105</b>
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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 34</p> <p>Assistant (AA) to contact the maintenance man for needed repairs                      -"She (the AA) has been in touch with the maintenance man. He has begun making repairs and painting the facility."                      -It was the Qualified Professional #2/Chief Executive Office/Licensee/Registered Nurse (QP#2/CEO/L/RN)'s responsibility for ensuring all needed repairs were completed</p> <p>Interview on 5/17/22 with the QP #2/CEO/L/RN revealed:                      -During the annual survey in December 2021, "we were cited because the outside of the facility was not pressure washed. At the time of the survey, it was in the dead of winter. We are trying to get that done now, weather permitting. Staff has also tried to assist [client #1] with decluttering her room. She gets upset when we try to remove things. We have been in her room several times."                      -Was not aware client #2 slept with items in a Ziplock bag or that she did not have sheets on her hospital bed                      -"We can most certainly get sheets on her bed ..."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		