

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 11/01/2022
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NAME OF PROVIDER OR SUPPLIER
SHARPE AND WILLIAMS BOOTH ROAD GROU

STREET ADDRESS, CITY, STATE, ZIP CODE
**130 BOOTH ROAD
CHAPEL HILL, NC 27516**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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V 000 INITIAL COMMENTS

A complaint and follow-up survey was completed on November 1, 2022. The complaint was unsubstantiated (intake #NC00193229.) A deficiency was cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.

This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 1 current client.

V 000

V 736

- Floors will be cleaned throughout facility
- Bathroom shower & floor will be cleaned.
- Caulk to the tub will be replaced

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.

V 736

This Rule is not met as evidenced by:
Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:

Observation on 11/1/22 at 12:10 PM of the Living Room revealed:
-Floors needed to be swept as there was visible debris.

Observation on 11/1/22 at 12:12 PM of the Dining Room revealed:

DHSR - Mental Health

NOV 21 2022

Lic. & Cert. Section

Division of Health Service Regulation

SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency Director

11/15/22

6899

TXLD11

If continuation sheet 1 of 2

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-332	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/01/2022
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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #4	STREET ADDRESS, CITY, STATE, ZIP CODE 1040 LINGER ROAD WINSTON SALEM, NC 27127
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on November 1, 2022. The complaint (Intake #NC000193878) was unsubstantiated. 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 4 current clients.</p>	V 000	<p>V112 - treatment plans will be update to include goals & strategies for helping clients maintain their space & personal hygiene.</p> <p>V369 - smoking policy will continue to be reinforced and fine will be raised from \$25.00 to \$50.00. clients that violate this policy will be considered for discharge.</p>	
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> <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	<p>V-736</p> <ol style="list-style-type: none"> 1) tree limbs will be cleared 2) Facility will be pressure washed 3) Debris around facility collected & removed 4) client #5 Bedroom will be cleaned & dresser repaired 5) Door leading to basement will be painted. 6) All items client #2 room will be cleared. 7) mattress will be cleaned/ repaired 8) Bathroom Bathroom will be cleared. 	

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

TITLE

(X6) DATE

Agency Director

11/15/22

Division of Health Service Regulation

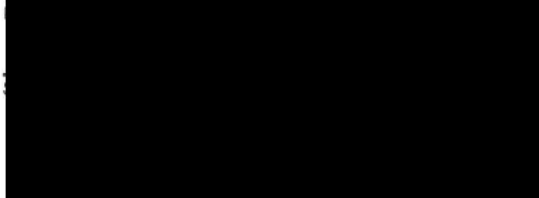
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/01/2022
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NAME OF PROVIDER OR SUPPLIER
SHARPE AND WILLIAMS #3

STREET ADDRESS, CITY, STATE, ZIP CODE
**4419 CANAAN PLACE
WINSTON-SALEM, NC 27105**

(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 complaint and follow up survey was completed on November 1, 2022. The complaint (Intake #NC000193622) was substantiated. 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	<p>V-736-1) tree limb in the backyard will be removed</p> <p>2) shingles will be repaired</p> <p>3) All trash & debris will be removed from outside.</p> <p>4) sofa will be replaced or repaired</p> <p>- wall in Bathroom will be repaired</p>	
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility and its grounds were not maintained in a safe, clean, attractive or orderly manner. The findings are:</p> <p>Observations on 10/13/22 at 9:21am of the outside of the facility revealed: -A tree had fallen in the back yard -There were several areas in the back yard that had broken tree limbs on the ground -An empty sprite can was on the ground -A black pot was filled with water in the back of</p>	V 736	<p>5) Clothing in all Bedrooms will be neatly organized & stored.</p> <p>6) client #4 will be repair/clean linen</p> <p>7) toilet will be repair & shower linear replaced/cleaned</p> <p>8) towel holders will be removed</p> <p>9) hallway/kitchen door will be repair. Kitchen sink faucet repaired</p> <p>10) Blinds to kitchen will be repaired.</p> <p>11) a/c vent & ceiling van cleaned</p> <p>12) light bulb to vanity replaced</p> <p>13) Bathroom toilet handle replaced</p>	

Division of Health Service Regulation



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

TITLE

(X6) DATE

Agency Director

11/15/22

5899

5LMD11

If continuation sheet 1 of 7