STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVE COMPLETED	
			A. BUILDING:			
		MHL034-324	B. WING		12	/15/2022
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
HARPE A	AND WILLIAMS #3		NAAN PLACE N-SALEM, NC 2710	05		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	5	V 000			
		ed for the following service 27G .5600A Supervised Mental Illness				
		ed for 6 and currently has a vey sample consisted of ients.				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		REMENTS				
		ns and interviews, the facility n a safe, clean, attractive				
	of the facility reveale -The hallway closet's -Client #2's bedroom -Under client #2's be tissue	12/22 at 9:35am of the inside d: s folding door was missing wall had black marks on it d were four pieces of used edge, inside the bedroom,				
		n rod and a blue shoe				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL034-324			1	2/15/2022
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE		14	15/2022
				, 0002		
SHARPE /	AND WILLIAMS #3		DN-SALEM, NC 271	05		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From page	e 1	V 736			
	-Client #3 and client	#4 shared a bedroom				
		ellow dresser with client #4				
	-	had two drawers that would				
	not close properly					
		d were socks, a wig, and				
	empty food wrappers					
	-Client #4's left side of the bed sagged and was					
	higher than the right side					
	-The shared bathroom had a shower curtain that					
	was falling					
	-The tub was dirty an	The tub was dirty and had stains inside it				
	In the area where the washer and dryer was					
	ocated had clothing piled up on them					
	The hallway bathroom had 2 of the 3 light bulbs					
	burned out					
	-The kitchen panty's knob	folding door was missing a				
	-In client #5's bedroo	m closet was a box with				
	wires that were dang					
	-The box was not flue	sh with the wall and exposed				
	the wires					
	-The a/c vent cover in it	The a/c vent cover in the living room had dust in t				
	-The ceiling fan in the with dust	e living room was covered				
		a long white cable wire				
		th clothing was behind the				
	living room sofa					
		was a blue cord that ran				
		, along the floor of the				
		tanding freezer, behind the				
	-	table into the living room where it was plugged				
		nto a box/receiver on top of the mantle				
	-On top of the standi	ng freezer there were two				
	DIACK LAKE OUL DOXES					
	Interview on 12/12/22	2 with client #3 revealed:				
	-Was still waiting for	her new bed				
	-	when it will be delivered?"				
	-					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BOILDING.			
		MHL034-324	B. WING		12	2/15/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
SHARPE /	AND WILLIAMS #3		NAAN PLACE DN-SALEM, NC 271	05		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES XY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pag	e 2	V 736			
	Interview on 12/12/22 with staff #1 revealed: -"I just swept and mopped that room. I do that every week. If anything is under her bed, she did it. I disinfect the clients' bedrooms every Saturday, when I do a deep clean" Interview on 12/14/22 with the Qualified Professional #1 revealed:					
	-With the hallway closet, "the maintenance man had to get a piece for it because it was missing. He took it off (the door) to figure out what part to get. We are waiting on him -The clients keep their towels in their rooms and did not use a towel rod -"Those (the lightbulbs over the vanity) might					
	have burned out aga replaced." -Was not aware of th was missing	in, as they were previously e knob to the kitchen pantry				
	knocked it off. The m family emergency'	tretched from the staff's				
	already aware of that -Regarding the yellow	ds to replace it and he's t" w dress in the shared clients' g them replaced but don't				
	want the clothes on t storage and then get -"One of the clients h	he floor. We have to wait for the new dresser." as a lot of shoes. She wears				
	can look at storing th	bing to get rid of them. We em (the shoes) differently heir rooms, but the residents ness it up"				
	-"We have to remem illness. When they a goes in and cleans it	ber they have a mental re at the day program staff (their rooms) up. But when				
sion of Hos	the clients get nome, they want it." alth Service Regulation	they put everything back like				

Division of Health Service Regulation STATE FORM

6899

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			
		MHL034-324	B. WING		12	2/15/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
SHARPE /	AND WILLIAMS #3		NAAN PLACE	05		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From page	e 3	V 736			
	packed them up in th to get rid of them. So	g was on the floor before we e boxesshe doesn't want me residents are hoarders will send them into a crisis				
	curtains sometimes v shower.	were "rough" with the shower vhen they got out of the back into the bathroom and hooks) back up"				
	-	een cited 4 times since the nber 3, 2021, and must be ays				
V 744	27G .0304(b) Safety		V 744			
	EQUIPMENT (b) Safety: Each facil constructed and equi	4 FACILITY DESIGN AND ity shall be designed, pped in a manner that safety of clients, staff and				
		ns and interviews, the facility eaning supplies in a secure				
	of the facility revealed -On the shared bathr client #4's bedroom v clearing gel." -When the bottle was	2/22 at 9:35am of the inside d: oom's vanity in client #3 and vas a red bottle of "clog picked up, it was 1/3 full le of cleaner was on the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	CATION NUMBER: A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING		12	2/15/2022
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
SHARPE /	AND WILLIAMS #3		NAAN PLACE N-SALEM, NC 271	05		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 744	Continued From pag	e 4	V 744			
	-Behind the living roc container of comet a	om sofa, there was a nd a container of bleach				
	-Kept the clog clearin bathroom "just in cas down the toilet." -"I keep the cleaning [client #5] used the b the toilet. there. I hav to clean up after her other clients to have bowl" -Was aware cleaning securely -"Usually, I keep the the staff bedroom' Interview on 12/12/22 -Cleaning supplies w -Was not aware the o out in the facility -"[Staff #1] might hav	se someone flushes items supplies out because when pathroom, she leaves a ring in ve the supplies (cleaning) out because it's not fair to the see that (the ring in the toilet g supplies were to be stored cleaning supplies locked in ' 2 with QP #1 revealed: rere to be stored securely cleaning supplies were left ve used them at night. That's can. She may have forgotten				
V 750	27G .0304(b)(3) Main Water Systems	ntenance of Elec., Mech., &	V 750			
	EQUIPMENT (b) Safety: Each faci constructed and equi ensures the physical visitors.	4 FACILITY DESIGN AND ility shall be designed, ipped in a manner that safety of clients, staff and mechanical and water intained in operating				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL034-324	B. WING		12	2/15/2022
IAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
SHARPE A	AND WILLIAMS #3		ANAAN PLACE DN-SALEM, NC 271	05		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 750	Continued From page	e 5	V 750			
		ns and interviews, the s not maintained in operating				
	facility's telephone re -It sat on the kitchen -When surveyor calle number, there was ne -When the telephone message stated "the	counter ed the facility's telephone				
	-The facility's telepho "when you call it from straight to voicemail.' -"A staff hooked it up last time the phone w Professional #1 (QP won't work I have a clients do not. The ot facility phone and us (bulletin) in the living to use the phone. Th phone to call their pe something were to ha couldn't call anyone.'	on 10/8/22 and that was the vas working. [The Qualified #1) was working on it. It just a cell phone but most of the her clients can't use the e mine. I read on the board room that we have the right e other clients ask to use my ople. It doesn't bother me. If appen to my cell phone, they				
	staff's cell phone to n -No calls can be mad -"It (the staff's compu We can't use it becau	er clients used the facility nake calls le on the facility's computer. Iter) is kept in staff's office. Use we aren't allowed to" 2 with client #2 revealed:				
	alth Service Regulation					<u> </u>

STATEMENT OF DEFICIENCIES (2) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
	MHI 034-324		A. BOILDING.			
		MHL034-324	B. WING		12	2/15/2022
iame of Pi	ROVIDER OR SUPPLIER	STREET #	ADDRESS, CITY, STATE	, ZIP CODE		
SHARPE /	AND WILLIAMS #3		NAAN PLACE	05		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 750	Continued From pag	e 6	V 750			
	-The facility's telepho -Used the other clien needed to make tele	ts' cell phones when she				
	-The facility's telepho "about a month or a -Could only use the t	2 with client #5 revealed: one had been broken for month and a half." elephone when it worked cell phone to call her family				
	-The facility's telepho -"They (the clients) c pulled the wires. Who	2 with staff #1 revealed: one does not work ame in here (kitchen) and en they talked on the phone, o the wire by twisting it (the				
	wires which connect telephoneit has be month. Sometimes it won't. All of the clien but [client #5] and [cl	ed from the receiver to the en like that one for about a will work and sometimes it ts have personal cellphones ient #6]I let them use my				
	the staff's office does itit's not set up to c -Had informed QP # not in working condit	I the facility's telephone was ion.				
	Officer/Licensee/Reg #2/CEO/L/RN)] had I	essional #2/Chief Executive pistered Nurse (QP been to the facility about 2 the phone, so she knows it				
	-Was aware the facili land line -"I am aware of the re	2 with QP #1 revealed: ty was to have a working ules and regulations."				
	also aware -"It is out of my contr	the QP#2/CEO/L/RN were ol. Most of the clients in that n cell phones anyway. If they				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CON A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL034-324	B. WING		12	2/15/2022
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, Z	ZIP CODE		
SHARPE A	AND WILLIAMS #3		ON-SALEM, NC 2710	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 750	Continued From pag	e 7	V 750			
		to get new wires for the low when it will be repaired."				
V 774	27G .0304(d)(7) Mini	mum Furnishings	V 774			
	EQUIPMENT (d) Indoor space requiprior to October 1, 19 square footage requi time. Unless otherwis residential facilities li 1988 shall meet the f requirements: (7) Minimum furnishi include a separate be	4 FACILITY DESIGN AND uirements: Facilities licensed 988 shall satisfy the minimum rements in effect at that se provided in these Rules, censed after October 1, following indoor space ngs for client bedrooms shall ed, bedding, pillow, bedside r personal belongings for				
	failed to provide mini	as evidenced by: ns and interviews, the facility mum furnishings and items for client bedrooms.				
	of the facility reveale -Client #1 and client -Client #1's clothing stand and a book cas	#2 shared a bedroom was stacked up on the night se ront of the furnace closet in ient #2's personal				

Division of Health Service Regulation STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
	MHL034-324					
		MHL034-324	B. WING		12	/15/2022
IAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
SHARPE /	AND WILLIAMS #3		NAAN PLACE N-SALEM, NC 271	05		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 774	Continued From pag	e 8	V 774			
	the red bag -Client #4's shoes we window -Clothing in the share #4 were stacked in th -More clothing was lo shared closet Interview on 12/12/22 -Wanted a dresser to personal items in Interview on 12/12/22 -All the items stacked to go to storage -"They are supposed Interview on 12/12/22 -Regarding the boxes client #2's bedroom a of the room, staff #1 mental health people have unpacked the b	thing in it and was on top of ere piled up in front of the ed closet for clients #3 and ne corner bocated on the floor of the 2 with client #1 revealed: 5 be able to store her 2 with client #2 revealed: d up in her room were waiting 4 to take them to storage." 2 with staff #1 revealed: s piled up in client #1 and and the general appearance stated "You know these are e. Tomorrow, [client #1] will boxes and put her stuff away. could not sit there as it is a ted yesterday (12/11/22) with lothing."				
	already aware of that -Regarding the yellow room, "We are gettin	w dress in the shared clients' g them replaced but don't he floor. We have to wait for				
	-"One of the clients h them, so she's not go	nas a lot of shoes. She wears ping to get rid of them. We nem (the shoes) differently				

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
	MHL034-324					
		1			12	2/15/2022
AME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	, ZIP CODE		
HARPE	AND WILLIAMS #3		N-SALEM, NC 271	05		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 774	Continued From pag	e 9	V 774			
	just go back in and m -"We have to remem illness. When they ar goes in and cleans it the clients get home, they want it." -"[Client #2]'s clothing packed them up in the to get rid of them. So	heir rooms, but the residents hess it up" ber they have a mental re at the day program staff ((their rooms) up. But when , they put everything back like g was on the floor before we he boxesshe doesn't want ome residents are hoarders will send them into a crisis				