

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  12/15/2022
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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	INITIAL COMMENTS  A complaint and follow up survey was completed on December 15, 2022. The complaint was substantiated (Intake #NC00195710). Deficiencies were 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 6. The survey sample consisted of audits of 3 current clients.	V 000		
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 was not maintained in a safe, clean, attractive and orderly manner. The findings are:  Observations on 12/12/22 at 9:35am of the inside of the facility revealed: -The hallway closet's folding door was missing -Client #2's bedroom wall had black marks on it -Under client #2's bed were four pieces of used tissue -Under the window ledge, inside the bedroom, was a shower curtain rod and a blue shoe	V 736	<p>V736</p> <ul style="list-style-type: none"> <li>- client #4 Bed will be replaced.</li> <li>- All debris on the floor will be removed.</li> <li>- light bulbs will be replaced in hallway bathroom</li> <li>- hallway closet-folding door will be replaced + kitchen pantry door</li> <li>- client's #2 wall will be cleaned.</li> <li>- exposed wires will be secured + terminated.</li> </ul> <p>V-744- All cleaning products + chemicals will be stored away from clients in a safe secured area.</p> <p>V-750- client facility phone will be repaired.</p> <p>DHSR - Mental Health JAN 4 2023 Lic. &amp; Cert. Section</p>	

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LABORER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STA

0699

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If continuation sheet 1 of 10

Agency Director

12/26/22