| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:                          |  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |   |                                   | (X3) DATE SURVEY<br>COMPLETED |  |  |
|---|--|---|--|--|---|-----------------------------------|-------------------------------|--|--|
|   |  |   |  |  | R-C   |                                   |                               |  |  |
|   | MHL034-276   |   | B. WING  |  |   | 01/20/2023                        |                               |  |  |
| NAME OF I   | PROVIDER OR SUPPLIER   |   | STREET AD  | DRESS, CITY, S                           | STATE, ZIP CODE   |                                   |                               |  |  |
| WOLFE   | 744 FAST SPRAGUE STREET  |   |  |  |   |                                   |                               |  |  |
| WOLFE   | WOLFE & JACKSON GROUP HOME, INC WINSTON-SALEM, NC 27107  |   |  |  |   |                                   |                               |  |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>YMUST BE PRECEDED BY I<br>SC IDENTIFYING INFORMA  | FULL   | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO<br>DEFICIENCE | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE      |  |  |
| V 000   | INITIAL COMMENTS   |   | V 000  |  |   |                                   |                               |  |  |
|   | on December 30, 2  | low up survey was co<br>022. The complaint w<br>ake # NC 00196008.<br>ited. |  |  |   |                                   |                               |  |  |
|   | This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  |   |  |  |   |                                   |                               |  |  |
|   |  | sed for 3 and currently<br>urvey sample consiste<br>lient.                  |  |  |   |                                   |                               |  |  |
| V 110   | 27G .0204 Training Paraprofessionals   | /Supervision  |  | V 110                                    |   |                                   |                               |  |  |
|   | SUPERVISION OF  (a) There shall be a paraprofessionals.  (b) Paraprofession associate profession professional as special subchapter.  (c) Paraprofession knowledge, skills an population served.  (d) At such time as employment system then qualified profe professionals shall | edge;<br>ess;<br>;<br>g;<br>kills;  | IALS ments for ed by an of this y the d lemaking, te ence. |  |   |                                   |                               |  |  |

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

(X6) DATE TITLE

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION          |   | (X1) PROVIDER/S<br>IDENTIFICAT   | SUPPLIER/CLIA<br>TON NUMBER:   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |   |           | (X3) DATE SURVEY<br>COMPLETED |  |
|--|---|--|--|--|---|-----------|-------------------------------|--|
|  |   |  |  |  |   |           | R-C                           |  |
|  |   | MHL034   | -276   | B. WING                                  |   | 01/2      | 20/2023                       |  |
| NAME OF  | PROVIDER OR SUPPLIER  |  |  |  | STATE, ZIP CODE   |           |                               |  |
| WOLFE & JACKSON GROUP HOME, INC 744 EAST SPRAGE WINSTON-SALE |   |  |  |  |   |           |                               |  |
| (X4) ID<br>PREFIX<br>TAG                                     | SUMMARY STA<br>(EACH DEFICIENC'<br>REGULATORY OR L  |  | DED BY FULL  | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF COF<br>(EACH CORRECTIVE ACTION<br>CROSS-REFERENCED TO THE<br>DEFICIENCY) | SHOULD BE | (X5)<br>COMPLETE<br>DATE      |  |
| V 110  |   | et as evidenced in the individualization paraprofessional staff (the distance equired by the paraprofessional staff (the equired by the equired equired by the equired by the equired by the equired equired by the equired e | acility shall nd procedures ed supervision sional.  d by: rviews, 1 of 1 e Executive te knowledge, population ecord revealed a hool  nt (FC #1's) ebral palsy, ild, epilepsy, ty disorder, | V 110                                    |   | AFROFMAL  |                               |  |
|  | -Six pictures of FC<br>nude, and three pa<br>Interview on 12/29/  | rtially nude.  |  |  |   |           |                               |  |
|  | -10/12/22, the ED I<br>the room, and foun<br>She panicked, calle<br>taken to the local h<br>-A nurse called her | knocked on the<br>d that [FC #1] wed the ambulan<br>ospital;   | door, entered<br>was on the floor.<br>ce, and he was   |  |   |           |                               |  |

Division of Health Service Regulation

STATE FORM 6899 RQMJ11 If continuation sheet 2 of 4

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED |                          |
|---|--|---|--|-------------------------------|--------------------------|
| MHL034-276  |  | B. WING                                 |  | R-<br>01/2                    | .C<br>0/ <b>2023</b>     |
| NAME OF PROVIDER OR SUPPLIER  |  | L                                       | STATE, ZIP CODE  | 1 01/2                        | 0/2020                   |
| WOLFE & JACKSON GROUP H   | IOME, INC  | SPRAGUE S                               |  |                               |                          |
| PREFIX (EACH DEFICIENCY I   | EMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>C IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE                          | (X5)<br>COMPLETE<br>DATE |
| not get him to sit up a -"I took the pictures it so bad;" -She explained that it walker after he show to his bedroom. He conaked or with only a pictures of him nude that's when she coul his walker; -He was already recewalks during his thereshe visited FC #1 in nurse the pictures of -"I sent the pictures of tentity/managed care high turnover with [Fwere unaware of sone-FC #1 told his clinical and he needed the was unaware of any Interview on 12/29/2: #1's guardianship control -The supervisor coul the nude and partialled -Someone sent the repictures to her coword -"You should not have phone and you should at all."  Interview on 12/30/2: Professional revealershe has been employ 2016 or 2017; | I therapy because she could or to get up out the bed; because [FC #1] lies, he lies he can walk and he uses his vers to get from the bathroom often leaves the bathroom depend. She took the and partially nude because d get a picture of him using eiving physical therapy and rapy with a walker; in the hospital and showed the fine walking; to [local management organization] because of the C #1's] clinical team and they me of [FC #1]'s behaviors; al team he could not walk wheelchair.  on 12/29/22 revealed that he pictures taken of him.  2 with the supervisor of FC ompany revealed: Id not recall who showed her by nude pictures of FC #1; nude and partially nude river; we nude pictures on your lid not have pictures like that | V 110                                   |  |                               |                          |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:                   |  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |  |         | (X3) DATE SURVEY<br>COMPLETED |  |  |
|---|--|--|--|--|--|---------|-------------------------------|--|--|
|   |  |  |  | , Boile Miles                            |  | R.      | R-C                           |  |  |
|   | MHL034-276   |  |  |  |  | 0/2023  |                               |  |  |
| NAME OF   | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE   |  |  |  |  |         |                               |  |  |
| WOLFE   | WOLFE & JACKSON GROUP HOME, INC  744 EAST SPRAGUE STREET WINSTON-SALEM, NC 27107   |  |  |  |  |         |                               |  |  |
| (X4) ID<br>PREFIX<br>TAG                            | SUMMARY STA<br>(EACH DEFICIENC <sup>N</sup><br>REGULATORY OR L   |  | EDED BY FULL                                       | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APP<br>DEFICIENCY) | OULD BE | (X5)<br>COMPLETE<br>DATE      |  |  |
| V 110   | Continued From partially nude picture (don't know the exaperson that told me-She and the ED has ED showing and sepictures but no directions of the example o | res of FC #1) act date). The about it;" ad a conversa ending the nuc | [ED] is the<br>tion about the<br>le/partially nude | V 110                                    |  |         |                               |  |  |

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