STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					1	С		
		MHL019-074		B. WING		03/2	03/23/2023	
NAME OF F	PROVIDER OR SUPPLIER	STF	REET ADI	ORESS, CITY, S	STATE, ZIP CODE			
SHARPE	AND WILLIAMS BOO	TH ROAD GROU		H ROAD HILL, NC 27	516			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	rs		V 000				
	2023. The complain	was completed on Marcl nt was substantiated (inta ficiencies were cited.						
		sed for the following serv C 27G .5600A Supervise h Mental Illness.						
		sed for 6 and currently ha urvey sample consisted o lients.						
V 540	27F .0103 Client Ri Grooming	ghts - Health, Hygiene Ai	nd	V 540				
	dignity, privacy and of personal health,	HEALTH, HYGIE If be assured the right to humane care in the proving caption and grooming captude, but need not be line	/ision are.					
	(1) opportunitdaily, or more often(2) opportunit	ty to shave at least daily;						
	barber or a beautici (4) provision paper and soap for	of linens and towels, toile each client and other	et					
	indigent client. Such not limited to toothp	hygiene articles for each n other articles include bu paste, toothbrush, sanitar shaving cream and shavi	ut are y					
	(b) Bathtubs or sho individual privacy sh(c) Adequate toilets	s, lavatory and bath facili a client with a mobility						

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X: AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				7 5 5 5 1			С	
		MHL019-074		B. WING		I	23/2023	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
SHARPE	AND WILLIAMS BOO	TH ROAD GROU	130 BOOT	_	F40			
0(4) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIE		HILL, NC 27		DDDECTION	()(5)	
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	TION SHOULD BE COMPLÉTE THE APPROPRIATE DATE		
V 540	Continued From pa	ge 1		V 540				
	interview, the facility dignity, privacy and of personal health, implemented affect (FC #1 and FC #2). Observation on 3/2 area at approximate -FC #1 and FC #2 brack -FC #1's shirt and jawasn ' t wearing an -FC #1 was wearing -FC #2's clothes we pants were stained.	ons, record reviews y failed to ensure the humane care in the hygiene and groomi ing two of four forme. The findings are: 3/23 of facility's from ely 9:35 am revealed an unkempt appacket were stained a y socks. g a pair of water shoere baggy. FC #2's s	e right to provision ng was er clients t porch d: earance. and he es. hirt and					
	Observation on 3/22/23 of the facility at approximately 9:45 am revealed: -FC #1's bedroom-There was a strong urine odor. His mattress was wet and had brownish stains on it. There were chewing tobacco stains on the floor.							
	Review on 3/22/23 -Admission date of -Diagnosis of Schiz -Discharge date of	zophrenia	vealed:					
	-Admission date of	oaffective Disorder-						
	Interview on 3/23/23 Director/Qualified P	3 with the Facility Professional revealed	d:					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			B. WING		С		
		MHL019-074	B. WING		03/2	3/2023	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
SHARPE	AND WILLIAMS BOO	OTH ROAD GROU CHAPELL	IH ROAD HILL, NC 27	516			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMP CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
V 540	Continued From pa	ige 2	V 540				
	-FC #1 and FC #2 can look "unkempt." -FC #1 and FC #2 refused to get haircutsYou have to remind FC #1 to change his clothes and put on clean clothingHe knew staff #1 washed FC #1's clothing on a regular basisIf staff doesn't give FC #1 reminders to change his clothes, FC #1 will wear the same dirty clothes over and overFC #2's issue was he knew how to wash clothes, however FC #2 will mix his clean clothing with the dirty clothingFC #2 will put the dirty clothing on again and had to reminded to not mix his clean and dirty clothing.						
V 736	736 27G .0303(c) Facility and Grounds Maintenance		V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a saf	803 LOCATION AND IREMENTS If its grounds shall be e, clean, attractive and orderly be kept free from offensive					
	failed to ensure fac in a safe, clean, att kept free from offer Observation on 3/2 approximately 9:45	ion and interviews, the facility illity grounds were maintained ractive, orderly manner and nsive odor. The findings are: 2/23 of the facility at am revealed: There was paper, cups and					

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	03/23/2023	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
SHARPE AND WILLIAMS BOOTH ROAD GROU 130 BOOTH ROAD CHAPEL HILL, NC 27516		
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CONTROL OF THE PREFIX (EACH CORRECTIVE ACTION SHOULD	(X5) COMPLETE DATE	
V 736 Continued From page 3 -There was a urine odor throughout the facilityFormer Client #1's (FC #1) bedroom-There was a strong urine odor. His mattress was wet and had brownish stains on it. There was trash, chewing tobacco and loose coins on the floorFormer Client #4's bedroom-Strong urine smell odor. The mattress and bed linens were soiledFloors throughout facility had dirt particles and pieces of trash on it. Interview on 3/22/23 with staff #1 revealed: -They were trying to get the clients moved out of the facility and had no time to cleanHe knew the facility smelled like urineFC #1 was urinating on his bed and on himselfHe confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. Interview on 3/22/23 with the Facility Director/Qualified Professional revealed: -He was aware of the cleanliness issues with the facilityHe knew that there were issues with staff keeping the facility clean prior to clients packing up to move out of the facilityThe facility smelled like urine because FC #1 urinated on himself and his bedThey changed the mattress in FC #1's bedroom several timesHe confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.		

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