

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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>An annual, complaint and follow up survey was completed on 4/13/23. The complaints were substantiated (intakes # NC00199282 and NC00199337). 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>The facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 1 deceased client and 2 current clients.</p>	V 000		
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		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop or implement treatment strategies to address the needs of the clients affecting 1 of 1 Deceased Clients (DC #1) and 1 of 2 audited clients (client #2). The findings are:</p> <p>Review on 3/15/23 of DC #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted to the facility on 7/29/22 - Diagnoses were Schizophrenia; Depression/Anxiety and Obsessive-Compulsive Disorder - His parents were his legal guardians - Last received services at the facility on 2/19/23 - He was discharged from the facility on 3/3/23 (due to his death on 2/25/23) - He was 27 years old - Admitted to a behavioral health hospital on 4/20/22 and a Comprehensive Clinical Assessment (CCA) was completed on 4/22/22 which reflected "...Pt's (Patient's) parents reported that pt (patient) was discharged to a group home (unnamed) and he ran away after a couple of days. Pt's parents report that pt spent two nights sleeping in the woods and was picked up by law enforcement and taken to the hospital ..." - A treatment plan completed by the Qualified Professional (QP) and dated 8/2/22 revealed that 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 112	<p>Continued From page 2</p> <p>"...Per Unsupervised Assessment Tool resident will remain in the community unsupervised for a period of 1 hours. Resident will remain safe and free from injury while in the community ..."</p> <ul style="list-style-type: none"> - His unsupervised time would be reevaluated if there were any changes to the client's "condition." - No updates to the treatment plan after 8/2/22 to include strategies to address DC #1's multiple elopements from the facility <p>Review on 3/8/23 of a news website in another city revealed:</p> <ul style="list-style-type: none"> - A post (no dated listed) revealed a police department was asking for the public's help in identifying a pedestrian struck and killed along I-240 (Interstate 240) in their city - At approximately 1 am on 2/25/23, the man was walking in the "travel lane" of the interstate when he was struck and killed by an impaired driver - A video posted on the news website showed a photo of the unidentified man as a police officer had encountered the man earlier in the evening of 3/24/23 and taken his picture while he was investigating a "disturbance" which involved him - An update was posted on 3/3/23 on the same website which revealed the man had been identified and his next of kin had been notified - The man was DC #1 - DC #1 was killed in a city more than 150 miles away from the city where his facility was located <p>Interview on 3/8/23 and on 3/13/23 with staff #1 revealed:</p> <ul style="list-style-type: none"> - On 2/20/23, DC #1 left the facility between 4:30 pm and 5 pm - "He didn't have any free time (unsupervised time) but left anyway." 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 112	<p>Continued From page 3</p> <ul style="list-style-type: none"> - Did not tell her where he was going - "He said he was his own man, and he did what he wanted to do." - "Nothing was happening, he just chose to leave." - She made notification to other staff (unnamed) via "Slack" (a messaging application which provides businesses the ability to communicate with others within the same organization) DC #1 had left the facility - On the same day, she notified the police and reported DC #1 as a missing person - A police officer came to the facility and took a report regarding DC #1 - He had left the facility "four or five times before, he done left a whole lot of times." - DC #1 would be gone for "three or four days" each time he left with the police returning him to the facility on occasion - "He would walk out of the door whenever he wanted to leave." - DC #1's parents had reported to facility staff, "That's why he's here (the facility) because he leaves home whenever he wants." - A police officer came to the facility and notified her (no date provided) DC #1 was dead - The officer informed her DC #1 had died in a city more than 150 miles away for the facility; however, the officer did not tell her how he had died - Client #2 also left the facility without permission; however, he always returned - Client #2 had not been granted unsupervised time in the community; however, he would leave the facility anyway - "He is on probation and cannot leave." - The Qualified Professional (QP) visited the home often and had met with staff about clients leaving the facility without permission. 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 112	<p>Continued From page 4</p> <p>Interview on 3/15/23 with a police officer revealed:</p> <ul style="list-style-type: none"> - The facility had called the police department on 8/8/22; 11/7/22; 12/29/22; 2/4/23; 2/10/23 and on 2/19/23 to report DC #1 as a "missing person." - No silver alerts were posted for DC #1 as he did not meet the criteria for a silver alert to be issued on his behalf - She was familiar with DC #1 as she had visited the facility to meet with him or the staff - On 3/3/23, she had gone to the facility and notified staff #1 of DC #1's death. <p>Review on 3/16/23 of the QP's monthly progress notes completed on behalf of DC #1 from 8/30/22 - 2/28/23 revealed:</p> <ul style="list-style-type: none"> - 8/30/22: DC #1 had medication management appointments on 8/1/22 and on 8/15/22 with a Nurse Practioner and met with his primary care physician on 8/8/22 with " ...The client present at base line during the medication management and primary visit. The client has expressed wanting to integrating into the community to decrease depression symptoms and isolation. The QP has started the process for PSR (Psychosocial Rehabilitation), CST (Community Support Team) and therapy..." - 9/30/22: DC #1, his legal guardians, and the QP met at the facility to complete the CCA for the PSR program for admission. DC #1 was "...granted 1 hour of unsupervised time for exercise and decrease isolation and depression. The QP spoke with legal guardians regarding the unsupervised time..." - 10/31/22: " ...The client has start to purchase cough syrup and online orders of anti-depressant medication to cope with symptoms of depression. The QP and legal guardians spoke about searching for the client when returning from unsupervised time due to medication purchases. 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 112	<p>Continued From page 5</p> <p>The are legal guardians are in agreement, they do not agree with revoking unsupervised time right now ..."</p> <p>- 11/30/22: On 11/1/22 " ...The client, legal guardian, and QP held a team meeting with the client regarding unsupervised time and the purchasing of over the counter medication to cope with depressive symptoms. The QP and legal guardians spoke to the individual about the dangers of consuming too much of a medication. The client explained he did it to block the depression. The QP and legal guardians come to the agreement that unsupervised time needed to be revoked until further notice to prevent purchases. The QP informed the legal guardians that a referral was done for [name of CST] but they are not taking any new referrals at the moment. The QP done a referral for [another CST] and is currently waiting on a response. The client eloped from the home 11/8/22 non-emergency was contacted and a Silver Alert was done. The legal guardians were made aware. The client was located by [name of the police department] on 11/10/2022 and returned to the home. Once returned the client went into a crisis and broke the tv in the home knocked pictures off the walls and broke some of his belongings. The staff called EMS (Emergency Medical Services) and the client was taken to [name of hospital]. The client was in [name of hospital] from 11/10/22-11/21/22. The client was scheduled a follow up appointment with [name of behavioral health program] on 11/28/22 ..."</p> <p>- 12/30/22:" ...The client eloped from the home on 12/8/2022. Staff asked him not to leave but he proceeded to leave by running. The legal guardians were informed. The client returned to the home around 4:45 pm after leaving around 12:35 noon ..."</p> <p>- 1/31/23: " ...The client has not been attending</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 112	<p>Continued From page 6</p> <p>the PSR program. The staff informed QP the client is cheeking the medication given. This is causing the client to become depressed and beginning to isolate. The psychiatric provider was notified at the appointment on 01/09/23 ..."</p> <p>- 2/28/23: " ...The client has been attending PSR tree days out of the week. The client has not expressed any suicidal or homicidal ideations. The client has been helping the staff around the facility with light cleaning. The client eloped from the home on 2/2/23. The legal guardians were notified and the staff contacted non emergency to do a report and Silver Alert. The client returned to the home on 2/7/23. The resident eloped again on 2/10/23 and returned on 2/13/23. Non emergency police visited the facility on 2/27/23 to see if the client had returned. The QP was notified on 3/3/23 that the client had passed away during elopement from the facility ..."</p> <p>Refer to V366 for additional information regarding how the facility failed to respond to DC #1 leaving the facility on multiple occasions and to convene a review team to discuss client #1's case after his death on 2/25/23 and to discuss what measures the facility could develop and implement to prevent similar events.</p> <p>Refer to V367 for additional information regarding the failure of the facility to report to a Local Management Entity (LME) all of DC #1's elopements from the facility; the calls to the police to report him as a missing person; his engaging in property destruction while at the facility and his need for hospitalization.</p> <p>Review on 3/14/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 9/7/16 - Diagnoses of Schizophrenia; Polysubstance Abuse; Chronic Kidney Disease; Essential 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 112	<p>Continued From page 7</p> <p>Hypertension; Nicotine Use; Morbid Obesity; GERD (Gastroesophageal Reflux Disease); Anxiety; and Hyperlipidemia</p> <ul style="list-style-type: none"> - An undated admission assessment which reflected he had a history of cannabis, alcohol, and cocaine use and his "insight and judgment were chronically impaired." - Client #2 was in the custody of a Department of Social Services - A treatment plan completed by the QP and dated 12/30/22 which listed short term goals to address client #2's social interaction skills and to participate in programs to address his history of substance use - Staff interventions included client #2 was to participate in "one structured group activity within 5-7 days ...engage in one activity with an aide by the end of the day ...avoid high risk environments and interact with others appropriately ...engage in a therapeutic program ...and participate in treatment program including plan for follow-up/long-term care ..." - No documentation which reflected client #2 was engaged in any of the activities listed as part of his treatment plan <p>Observation of client #2 on 3/8/23 from 2:40 pm until 3:30 pm revealed:</p> <ul style="list-style-type: none"> - Client #2 sitting in the driveway of the facility at 2:40 pm - He was still sitting in the driveway at 3:30 pm - Mail carrier handed him a package <p>Interview on 3/8/23 with client #2 revealed:</p> <ul style="list-style-type: none"> - A request for cigarettes and "change." - Was happy to have received a package in the mail from a family member. <p>Observation of client #2 on 3/13/23 from 10:30 am until 1 pm revealed:</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 112	<p>Continued From page 8</p> <ul style="list-style-type: none"> - He was present at the facility and not engaged in any activity other than going in and out of the facility multiple times <p>Interview on 3/13/23 with client #2 revealed:</p> <ul style="list-style-type: none"> - He had lived at the facility for two to three years - Did not like living at the facility and had questions regarding his placement, guardianship and his "free time" (unsupervised time in the community) - His guardian thinks he is "smart, unable to manage his money and is forgetful." <p>Interview on 3/15/23 with a police officer revealed:</p> <ul style="list-style-type: none"> - There had been four telephone calls to the police department's non-emergency number regarding client #2 - The dates for the calls were 6/20/22; 1/27/23; 2/19/23 and 3/7/23 - The calls regarding client #2 were listed as "larceny", "suspicious person", a "missing person" and "vehicle tampering." <p>Refer to V366 for additional information regarding how the facility failed to respond to client #2 leaving the facility on at least four occasions and engaging in actions for which he could criminally charged for.</p> <p>Refer to V367 for additional information regarding the facility's failure to report to the LME client #2's elopements from the facility, the call to police to report him missing or his behavior while he was away from the facility which resulted in persons in the community making additional calls to the police.</p> <p>Interview on 4/14/23 with the QP revealed:</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 112	<p>Continued From page 9</p> <ul style="list-style-type: none"> - Since DC #1 had been admitted to the facility in July of 2022, she had gotten him enrolled in a PSR program; although, he did not regularly attend the program; referred him for community support services and collaborated with his parents on having them spend more time with him - DC #1 was seen monthly for medication management services and saw other medical professionals to address any health concerns as needed - She was working on getting client #2 enrolled in another PSR program; however, it had been "difficult" because one PSR would not enroll him for services because his Medicaid was from a county other than where the PSR was located - She was working on getting client #2 re-enrolled in a SAIOP (Substance Abuse Intensive Outpatient Program) as the one he had been previously attending had ended when the agency providing the program decided there were not enough clients attending to continue meeting - Although she had been working on getting services in place for DC #1 and client #2, she acknowledged she had not listed any strategies in DC #1's or client #2's treatment plan to DC #1 and client #2's elopements from the facility and to include how to keep client #2 from going onto other's properties and allegedly engaging in activities for which he could be criminally charged for. <p>Review on 3/28/23 of the facility's Plan of Protection completed by the QP and signed and dated by the QP on 3/27/23 revealed: "What immediate actions will the facility take to ensure the safety of the consumers in your care?"</p> <ul style="list-style-type: none"> - The QP will immediately (3/27/23) implement strategies to assist with elopement of residents such as: In-House staff will redirect and 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 112	<p>Continued From page 10</p> <p>de-escalate client emotions that causes elopement. Offer an incentive for future dates, In-House staff will have the clients going out of the side door of the home instead of the front to better monitor the client going in and out of the home, and consistently doing 30 minute walk-throughs inside and outside the home." Describe your plans to make sure the above happens.</p> <p>- The QP will immediately (3/27/23) make sure all implemented strategies are documented in the treatment plans."</p> <p>The facility served clients with diagnoses of; Schizophrenia; Depression; Anxiety; Obsessive-Compulsive Disorder and Polysubstance Abuse DC #1 left the facility without staff permission seven times between 8/8/22 and 2/19/23 with facility staff contacting the police to report him as a missing person. He would be away from the facility for several hours to several days. On 2/19/23, he left the facility and was able to travel to city more than 150 miles away from the facility and on 2/25/23, as he walked along an interstate highway at 1 am, he was hit by a vehicle and killed. Client #2 left the facility four times between 6/20/22 and 3/7/23 with police being called. Three of the four calls to the police were from individuals in the community to report concerns he was engaged in criminal behavior (larceny, being a suspicious person and vehicle tampering while on their property). DC #1's treatment plan revealed no strategies to address his increasing number of elopements from the facility. The facility also failed to implement the strategies listed in client #2's treatment plan that were to help him with increasing his integration into the community and to improve his social interaction skills. This deficiency constitutes a Type A1 violation for</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 112	Continued From page 11 serious neglect and must be corrected within 23 days. An administrative penalty of \$8000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day is imposed for each day the facility is out of compliance beyond the 23rd day.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 118	<p>Continued From page 12</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to administer medications on the written order of a physician and all drugs administered to each client by staff was recorded immediately on the MAR after administration affecting 2 of 3 audited clients (clients #2 and #3). The findings are:</p> <p>Review on 3/14/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 9/7/16 - Diagnoses of Schizophrenia; Polysubstance Abuse; Chronic Kidney Disease; Essential Hypertension; Nicotine Use; Morbid Obesity; GERD (Gastroesophageal Reflux Disease); Anxiety; and Hyperlipidemia <p>Review on 3/13/23 of client #2's MARs from January 2023 - March 2023 revealed:</p> <ul style="list-style-type: none"> - Amlodipine 10 mg (milligram) 1 tab (tablet) PO (by mouth) twice a day (8 am and 8 pm); - Antacid 750 mg chew 1 tab PO once daily (8 am); - Benztropine 0.5 mg 1 tab PO twice a day (8 am and 5 pm); - BioFreeze 4% Gel apply to forearms and hands at bedtime; - Bupropion XL (extended release) 150 mg 1 tab PO once daily (do not crush) (8 am); - Calcium Antacid 500 mg 1 tab PO at (5 pm and 8 pm); - Divalproex Sodium DR (Delayed Release) 500 mg 2 tab PO twice a day (do not crush) (8 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 118	<p>Continued From page 13</p> <p>am and 8 pm);</p> <ul style="list-style-type: none"> - Haloperidol 10 mg 1½ tab PO twice a day (8 am and 5 pm); - Hydrochlorothiazide 25 mg ½ tab PO twice a day (8 am and 8 pm); - Lisinopril 40 mg 1 tab PO at bedtime (8 pm); - Lorazepam 0.5 mg 1 tab PO three times a day (8 am/2 pm/8 pm); - Metoprolol SUC (Succinate) ER (Extended Release) 1 tab PO once daily (do not crush) (8 am); - Pantoprazole 40 mg 1 tab PO once daily (7 am); - Simvastatin 20 mg 1 cap (capsule) PO at bedtime (8 pm) and; - Vitamin D2 50,000 Unit 1 cap PO once a week (8 am) <p>Review on 3/14/23 and 3/24/23 of the medication orders for client #2 revealed:</p> <ul style="list-style-type: none"> - The physician's orders for the following medications were not the most current physician's order or no physician's order was available for review - Amlodipine 10 mg (milligram) 1 tab (tablet) PO (by mouth) twice a day (8 am and 8 pm); (12/10/20) - Antacid 750 mg chew 1 tab PO once daily (8 am) (9/10/20) - Benztropine 0.5 mg 1 tab PO twice a day (8 am and 5 pm) (12/1/21) - Calcium Antacid 500 mg 1 tab PO at (5 pm and 8 pm) (10/6/20) - Haloperidol 10 mg 1½ tab PO twice a day (8 am and 5 pm) (12/1/21) - Hydrochlorothiazide 25 mg ½ tab PO twice a day (8 am and 8 pm) (An FL-2 with an illegible date for the month and day; however, the year was documented as 2018) - Lisinopril 40 mg 1 tab PO at bedtime (8 pm) 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 118	<p>Continued From page 14</p> <p>(3/17/21)</p> <ul style="list-style-type: none"> - Lorazepam 0.5 mg 1 tab PO three times a day (8 am/2 pm/8 pm) (3/19/21) - Metoprolol SUC (Succinate) ER (Extended Release) 1 tab PO once daily (do not crush) (8 am) (12/10/20) - Pantoprazole 40 mg 1 tab PO once daily (7 am) (3/10/21) - Simvastatin 20 mg 1 cap (capsule) PO at bedtime (8 pm) (An FL-2 with an illegible date for the month and day; however, the year was documented as 2018) - Vitamin D2 50,000 Unit 1 cap PO once a week (8 am) (no order available for review) <p>Review on 3/14/23 and 3/23/23 of client #2's MARs from 1/1/23-3/9/23 revealed no staff initials to indicate staff had administered the medication to client #2 on the dates and times listed for the following medications:</p> <p>Amlodipine 10 mg (8 am and 8 pm) January 2023</p> <ul style="list-style-type: none"> - 8 am: 1/1-1/2; 1/9; 1/11; 1/24; 1/26; 1/29-1/31 - 8 pm: 1/1; 1/9-1/10; 1/12-1/13; 1/23; 1/31 <p>February 2023</p> <ul style="list-style-type: none"> - 8 am: 2/18; 2/19 - 8 pm: 2/5; 2/16 <p>March 2023</p> <ul style="list-style-type: none"> - 8 pm: 3/4 <p>Antacid 750 mg chew (8 am) January 2023</p> <ul style="list-style-type: none"> - 8 am: 1/1-1/2; 1/9; 1/11; 1/24; 1/26; 1/29-1/31 <p>February 2023</p> <ul style="list-style-type: none"> - 8 am: 2/17; 2/18; 2/21; 2/23 <p>Benzotropine 0.5 mg (8 am and 5 pm) January 2023</p> <ul style="list-style-type: none"> - 8 am: 1/1-1/2; 1/9; 1/11; 1/24; 1/26; 1/29- 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 118	<p>Continued From page 15</p> <p>1/31</p> <ul style="list-style-type: none"> - 5 pm: 1/1; 1/9-1/10; 1/13; 1/15; 1/19-1/20; 1/23; 1/31 <p>February 2023</p> <ul style="list-style-type: none"> - 8 am: 2/18; 2/19; 2/22; 2/23 - 5 pm: 2/2; 2/5; 2/17; 2/19; 2/22-2/28 <p>March 2023</p> <ul style="list-style-type: none"> - 5 pm: 3/4 <p>Bio Freeze 4% Gel (8 pm)</p> <p>January 2023</p> <ul style="list-style-type: none"> - 8 pm: 1/1; 1/9-1/10; 1/12-1/13; 1/23; 1/25; 1/31 <p>February 2023</p> <ul style="list-style-type: none"> - 8 pm: 2/5; 2/16; 2/28 <p>March 2023</p> <ul style="list-style-type: none"> - 8 pm: 3/4 <p>Bupropion XL 150 mg (8 am)</p> <p>January 2023</p> <ul style="list-style-type: none"> - 8 am: 1/1-1/2; 1/9; 1/11; 1/24; 1/26; 1/29-1/31 <p>February 2023</p> <ul style="list-style-type: none"> - 8 am: 2/4; 2/18-2/19; 2/22-2/23 <p>Calcium Antacid 500 mg (5 pm and 8 pm)</p> <p>January 2023</p> <ul style="list-style-type: none"> - 5 pm: 1/1; 1/9-1/10; 1/13; 1/20-1/21; 1/23; 1/31 - 8 pm: 1/1; 1/9-1/10; 1/12-1-13; 1/23 <p>February 2023</p> <ul style="list-style-type: none"> - 5 pm: 2/3; 2/5; 2/17; 2/19; 2/23-2/28 - 8 pm: 2/5; 2/16; 2/28 <p>March 2023</p> <ul style="list-style-type: none"> - 5 pm: 3/4 - 8 pm: 3/4 <p>Divalproex Sodium ER 500 mg (8 am and 8 pm)</p> <p>January 2023</p> <ul style="list-style-type: none"> - 8 am: 1/1-1/2; 1/9; 1/11; 1/24; 1/26; 1/29-1/31 - 8 pm: 1/1; 1/9-1/10; 1/12-1/13; 1/23; 1/31 <p>February 2023</p> <ul style="list-style-type: none"> - 8 am: 2/4; 2/18-2/19; 2/22-2/23 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 118	<p>Continued From page 16</p> <ul style="list-style-type: none"> - 8 pm: 2/5; 2/16; 2/28 <p>March 2023</p> <ul style="list-style-type: none"> - 8 pm: 3/4 <p>Haloperidol 10 mg (8 am and 5 pm)</p> <p>January 2023</p> <ul style="list-style-type: none"> - 8 am: 1/1-1/2; 1/9; 1/11; 1/24; 1/26; 1/29-1/31 - 5 pm: 1/1; 1/9-1/10; 1/13; 1/20-1/21; 1/23; 1/31 <p>February 2023</p> <ul style="list-style-type: none"> - 8 am: 2/18-2/19; 2/22-2/23 - 5 pm: 2/3; 2/5; 2/17; 2/19; 2/23-2/28 <p>March 2023</p> <ul style="list-style-type: none"> - 5 pm: 3/4 <p>Hydrochlorothiazide 25 mg (8 am and 8 pm)</p> <p>January 2023</p> <ul style="list-style-type: none"> - 8 am: 1/1-1/2; 1/9; 1/11; 1/24; 1/26; 1/29-1/31 - 8 pm: 1/1; 1/9-1/10; 1/12-1/13; 1/23; 1/31 <p>February 2023</p> <ul style="list-style-type: none"> - 8 am: 2/18-2/19; 2/22-2/23 - 8 pm: 2/5; 2/16; 2/28 <p>March 2023</p> <ul style="list-style-type: none"> - 8 pm: 3/4 <p>Lisinopril 40 mg 1 tab PO at bedtime (8 pm)</p> <p>January 2023</p> <ul style="list-style-type: none"> - 8 pm: 1/1; 1/9-1/10; 1/12-1/13; 1/23; 1/31 <p>February 2023</p> <ul style="list-style-type: none"> - 8 pm: 2/5; 2/16; 2/28 <p>March 2023</p> <ul style="list-style-type: none"> - 8 pm: 3/4 <p>Lorazepam 0.5 mg (8 am/2 pm/8 pm)</p> <p>January 2023</p> <ul style="list-style-type: none"> - 8 am: 1/1-1/3; 1/9; 1/11; 1/24; 1/26; 1/29-1/31 - 2 pm: 1/1-1/2; 1/5; 1/8-1/11; 1/15; 1/18-1/19; 1/21; 1/24-1/25; 1/30-1/31 - 8 pm: 1/1; 1/9-1/10; 1/12-1/13; 1/22; 1/31 <p>February 2023</p> <ul style="list-style-type: none"> - 8 am: 2/18-2/19; 2/22-2/23 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 118	<p>Continued From page 17</p> <ul style="list-style-type: none"> - 2 pm: 2/2-2/3; 2/8; 2/10; 2/17-2/18; 2/22; 2/27-2/28 - 8 pm: 2/5; 2/16; 2/28 <p>March 2023</p> <ul style="list-style-type: none"> - 8 am: 3/8 - 2 pm: 3/3-3/8 - 8 pm: 3/4; 3/6-3/9 <p>Metoprolol SUC (Succinate) ER (Extended Release) (8 am)</p> <p>January 2023</p> <ul style="list-style-type: none"> - 8 am: 1/1-1/2; 1/9; 1/11; 1/24; 1/26; 1/29-1/31 <p>February 2023</p> <ul style="list-style-type: none"> - 8 am: 2/18-2/19; 2/22-2/23 <p>March 2023</p> <ul style="list-style-type: none"> - 8 am: <p>Pantoprazole 40 mg (7 am)</p> <p>January 2023</p> <ul style="list-style-type: none"> - 7 am: 1/1-1/2; 1/9; 1/11; 1/24; 1/26; 1/29-1/31 <p>February 2023</p> <ul style="list-style-type: none"> - 7 am: 2/3-2/5; 2/18-2/19; 2/22-2/23: <p>Simvastatin 20 mg (8 pm)</p> <p>January 2023</p> <ul style="list-style-type: none"> - 8 pm: 1/1; 1/9-1/10; 1/12-1/13; 1/23; 1/31 <p>February 2023</p> <ul style="list-style-type: none"> - 8 pm: 2/5; 2/16; 2/28 <p>March 2023</p> <ul style="list-style-type: none"> - 8 pm: 3/4 <p>Vitamin D2 50,000 Unit (8 am)</p> <p>January 2023</p> <p>Based on review of MAR - client received his once-a-week dosage on Mondays (1/2; 1/9; 1/16 and 1/23)</p> <ul style="list-style-type: none"> - 8 am: 1/2; 1/9 <p>March 2023</p> <ul style="list-style-type: none"> - 8 am: 3/6 <p>Review on 3/15/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 7/18/18 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 118	<p>Continued From page 18</p> <ul style="list-style-type: none"> - Diagnoses of Schizophrenia, Multiple Episodes, Currently in Sustained Stimulant Use Disorder (D/O); Alcohol Use D/O; Cannabis Use D/O; Intellectual Development D/O versus Neurological <p>Review on 3/14/23 and 3/23/23 of client #3's MARs from January 2023 - March 2023 revealed:</p> <ul style="list-style-type: none"> - Acetaminophen ES 500 mg 1 tab PO every 8 hours (7 am and 3 pm) - Bupirone 10 mg 1 tab PO twice a day (8 am and 8 pm) - Docusate Sodium 100 mg 1 cap PO twice a day (8 am and 5 pm) - Hydrochlorothiazide 25 mg 1 tab PO once daily (8 am) - Metoprolol SUC ER 25 mg 1 tab PO once daily (8 am) - Multivitamin/Minerals 1 tab PO once daily (8 am) - Olanzapine 15 mg 1 tab PO twice a day (8 am and 8 pm) - Potassium ER 20 MEQ (milliequivalents) 1 tab PO on M, W, F with food (8 am) and - Venlafaxine ER 37.5 mg 1 cap PO once daily with food (8 am) <p>Review on 3/14/23 and on 3/23/23 of medication orders for client #3 revealed:</p> <ul style="list-style-type: none"> - The physician's orders for the following medications were not the most current physician's order or no physician's order was available for review - Acetaminophen ES 500 mg 1 tab PO every 8 hours (11/6/20); - Docusate Sodium 100 mg 1 cap PO twice a day (no order available for review) - Multivitamin/Minerals 1 tab PO once daily (no order available for review) - Olanzapine 15 mg 1 tab PO twice a day (no 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 118	<p>Continued From page 19 order available for review)</p> <p>Review on 3/14/23 and 3/23/23 of client #3's MARs from 1/1/23-3/23/23 revealed no staff initials to indicate staff had administered the medication to client #3 on the dates and times listed for the following medications:</p> <p>Acetaminophen ES 500 mg (7 am and 3 pm) January 2023 - 7 am: 1/1-1/2; 1/9; 1/11; 1/18-1/31 - 3 pm: 1/1; 1/8-1/13; 1/15-1/16; 1/18-1/31</p> <p>February 2023 - 7 am: 2/2-2/4; 2/18-2/19; 2/22-2/23 - 3 pm: 2/1-2/5; 2/7-2/8; 2/11; 2/17-2/19; 2/25; 2/28</p> <p>March 2023 - 7 am: 3/7-3/10 - 3 pm: 3/4-3/10</p> <p>Buspirone 10 mg (8 am and 8 pm) January 2023 - 8 am: 1/1-1/2; 1/9; 1/11; 1/28; 1/31 - 8 pm: 1/1; 1/9-1/10; 1/13; 1/23; 1/31</p> <p>February 2023: - 8 am: 2/18-2/19; 2/22-2/23 - 8 pm: 2/5; 2/8; 2/28</p> <p>March 2023 - 8 am: 3/10 - 8 pm: 3/3; 3/11-3/23</p> <p>Docusate Sodium 100 mg (8 am and 5 pm) January 2023 - 8 am: 1/1-1/2; 1/9; 1/11; 1/29; 1/31 - 5 pm: 1/1; 1/9-1/10; 1/13; 1/15; 1/20-1/21; 1/23; 1/31</p> <p>February 2023: - 8 am: 2/18-2/19; 2/22-2/23 - 5 pm: 2/2-2/3; 2/5; 2/17; 2/19; 2/23-2/24; 2/27-2/28</p> <p>March 2023 - 8 am: 3/10</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 118	<p>Continued From page 20</p> <ul style="list-style-type: none"> - 5 pm: 3/3; 3/10-3/23 <p>Hydrochlorothiazide 25 mg (8 am) January 2023</p> <ul style="list-style-type: none"> - 8 am: 1/1-1/2; 1/9; 1/11; 1/29; 1/31 <p>February 2023:</p> <ul style="list-style-type: none"> - 8 am: 2/18-2/19; 2/22-2/23 <p>March 2023</p> <ul style="list-style-type: none"> - 8 am: 3/10 <p>Metoprolol SUC ER 25 mg (8 am) January 2023</p> <ul style="list-style-type: none"> - 8 am: 1/1-1/2; 1/9; 1/11; 1/29; 1/31 <p>February 2023:</p> <ul style="list-style-type: none"> - 8 am: 2/18-2/19; 2/22-2/23 <p>March 2023</p> <ul style="list-style-type: none"> - 8 am: 3/10 <p>Multivitamin/Minerals (8 am) January 2023</p> <ul style="list-style-type: none"> - 8 am: 1/1-1/2; 1/9; 1/11; 1/29; 1/31 <p>February 2023:</p> <ul style="list-style-type: none"> - 8 am: 2/18-2/19; 2/22-2/23 <p>March 2023</p> <ul style="list-style-type: none"> - 8 am: 3/10 <p>Olanzapine 15 mg (8 am and 8 pm) January 2023</p> <ul style="list-style-type: none"> - 8 am: 1/1-1/2; 1/9; 1/11; 1/29; 1/31 - 8 pm: 1/1; 1/9-1/10; 1/13; 1/23; 1/31 <p>February 2023</p> <ul style="list-style-type: none"> - 8 pm: 2/5; 2/8 <p>March 2023</p> <ul style="list-style-type: none"> - 8 am: 3/10 8 pm: 3/3; 3/11-3/23 <p>Potassium ER 20 MEQ (8 am) January 2023</p> <ul style="list-style-type: none"> - 8 am: 1/2; 1/9; 1/11 <p>February 2023</p> <ul style="list-style-type: none"> - 8 am: 2/22 <p>March 2023</p> <ul style="list-style-type: none"> - 8 am 3/10 <p>Venlafaxine ER 37.5 mg (8 am) January 2023</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 118	<p>Continued From page 21</p> <ul style="list-style-type: none"> - 8 am: 1/1-1/2; 1/9; 1/11; 1/29; 1/31 February 2023 - 8 am: 2/18-2/19; 2/22-2/23 March 2023 - 8 am: 3/10 <p>Interview on 3/13/23 with client #2 revealed:</p> <ul style="list-style-type: none"> - He received his medication every day; however, "It's too much medicine." <p>Interview on 3/13/23 with client #3 revealed:</p> <ul style="list-style-type: none"> - Staff administered his medications to him as prescribed - Staff made sure he ate breakfast each morning before he took his blood pressure medication. <p>Interview on 4/14/23 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - The facility used an electronic charting system for documenting when medications were administered to clients - The electronic charting system was accessed by using the internet; however, whenever the internet "goes down" the staff could not access the online charting system - She attempted to provide staff with printouts of the MARs for staff to document on by hand when they administered the clients' their medications; however, when she failed to make the printouts available to staff - The clients had been administered their medications; even though, there were blanks on their MARs. <p>Review on 3/28/23 of the facility's Plan of Protection completed by the QP and signed and dated by the QP on 3/27/23 revealed: "What immediate actions will the facility take to ensure the safety of the consumers in your care?"</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 118	<p>Continued From page 22</p> <ul style="list-style-type: none"> - The QP will immediately (3/27/23) make sure all medication orders are updated and all initials are documented immediately on the MARs. Describe your plans to make sure the above happens. - The QP will immediately (3/27/23) follow up with providers and the pharmacy regarding up-to date medication." <p>The facility served clients with diagnoses of Schizophrenia; Anxiety; Polysubstance Abuse; Chronic Kidney Disease; Essential Hypertension; GERD and Hyperlipidemia. Client #2 did not have a current physician's order for nine of twelve medications and client #3 did not have a current physician's order for four of eight medications listed on their MARs for the months of January, February, and March 2023. The MARs for these same months were consistently missing staff initials to reflect if staff had administered the clients their medications as required. For the month of January 2023, client #2 was to receive 687 doses of medication, staff failed to document they had administered his medication to him 193 times; in February 2023, client #2 was to receive 620 doses of medication and staff failed to document they had administered his medication to him 111 times and in March 2023, client #2 was to receive 199 doses of medication and staff failed to document on his MAR they had administered his medication to him 24 times. For the month of January 2023, client #3 was to receive 371 doses of medication and staff failed to document they had administered his medication to him 88 times; in February 2023, client #3 was to receive 412 doses of medication and staff failed to document they had administered his medication to him 62 times and in March 2023, client #3 was to receive 309 doses of medication and staff failed to</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 118	Continued From page 23 document on his MAR, they had administered his medication to him 75 times. Based on a lack of current physician's orders and the failure of staff to immediately document on the clients' MARs when they had administered the medications to the client, it was difficult to discern if medications had been administered to the clients as prescribed. This deficiency constitutes a Type B violation which is detrimental to the health, safety, and welfare of the clients. If this deficiency is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 118		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 291	<p>Continued From page 24</p> <p>progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to provide program activities based on the clients' choices, needs and treatment/habilitation plans with the activities designed to foster community inclusion affecting 2 of 3 audited clients (clients #2 and #3) The findings are:</p> <p>Review on 3/14/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 9/7/16 - Diagnoses of Schizophrenia; Polysubstance Abuse; Chronic Kidney Disease; Essential Hypertension; Nicotine Use; Morbid Obesity; GERD (Gastroesophageal Reflux Disease); Anxiety; and Hyperlipidemia - A treatment plan completed by the Qualified Professional (QP) with the date of 12/20/22 - One of client #2's short term goals was listed as "impaired social interaction" which was evidenced by "appears upset, agitated or anxious when others come too close in contact or try to engage him/her in an activity; inappropriate emotional response; observed use of unsuccessful social interactions behaviors and spends time alone by self..." - Some of the interventions listed in the treatment plan included but were not limited to 	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 291	<p>Continued From page 25</p> <p>the following: "...attend one structured group activity within 5-7 days; seek out supportive social contacts; improve social interactions with family, friends and neighbors; use appropriate social skills in interactions...maintain an interaction with another client while doing an activity (e.g., (for example) simple board game, drawing ...state that he or she is comfortable in at least three structured activities that are goal directed and ...use appropriate skills to initiate and maintain an interaction ..."</p> <p>Observation of client #2 on 3/8/23 from 2:40 pm until 3:30 pm revealed:</p> <ul style="list-style-type: none"> - Client #2 sitting in the driveway of the facility at 2:40 pm - He was still sitting in the driveway at 3:30 pm <p>Interview on 3/8/23 with client #2 revealed:</p> <ul style="list-style-type: none"> - A request for cigarettes and "change." <p>Observation of client #2 on 3/13/23 from 10:30 am until 1 pm revealed:</p> <ul style="list-style-type: none"> - He was present at the facility and not engaged in any activity other than going in and out of the facility multiple times <p>Interview on 3/13/23 with client #2 revealed:</p> <ul style="list-style-type: none"> - In the past, he had gone to the YMCA by using a transportation service; however, he was no longer going the YMCA - His other activities including smoking cigarettes and exercising - Had been attending a PSR (Psychosocial Rehabilitation) program; however, it had been several months since he had attended the program - There used to be gatherings at the central office for the company who owned and operated the facility; however, there had been no activities 	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 291	<p>Continued From page 26</p> <p>at the central office "since Covid."</p> <p>Review on 3/15/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 7/18/18 - Diagnoses of Schizophrenia, Multiple Episodes, Currently in Sustained Stimulant Use Disorder (D/O); Alcohol Use D/O; Cannabis Use D/O; Intellectual Development D/O versus Neurological D/O - A treatment plan completed by the QP and dated 3/25/22 - One of client #3's short term goals was listed as "impaired social interaction" with interventions to include but not limited to the following: "Resident will attend one structured group activity within 5-7 days.; Resident will seek out supportive social contacts; Resident will improve social interaction with family, friends, and neighbors; Resident will use appropriate social skills in interactions...Resident will maintain an interaction with another client while doing an activity (e.g., simple board game, drawing); Resident will state that he or she is comfortable in at least three structured activities that are goal directed; Resident will use appropriate skills to initiate and maintain an interaction ..." <p>Interview on 3/13/23 with client #3 revealed:</p> <ul style="list-style-type: none"> - He remembered having attended Easter egg hunt at the main office for the facility who owned and operated the facility in the past (could not provide the year) - He provided no additional examples of any activities offered by the facility. <p>Interview on 4/13/23 with the QP revealed:</p> <ul style="list-style-type: none"> - The facility does not have a vehicle for staff to use to transport clients to appointments or activities - Clients use Medicaid and another 	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 291	Continued From page 27 transportation service for appointments and staff would also transport clients when necessary, in their personal vehicles - When the clients received their "allowance" on the 6th of each month, a local transportation service transported them to a shopping area where they could purchase items for their use - Staff tried to ensure the clients went shopping more than once per month; however, the clients tended to spend all their money during the first outing - The owners of the facility "used to do a lot of activities for the clients;" however, they no longer did so, and she did not know why.	V 291		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 366	<p>Continued From page 28</p> <p>164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 366	<p>Continued From page 29</p> <p>preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by:</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 366	<p>Continued From page 30</p> <p>Based on record review and interview, the facility failed to implement written policies governing their responses to level II and III incidents affecting 1 of 1 Deceased Clients (DC #1) and 1 of 2 audited clients (client #2). The findings are:</p> <p>Review on 3/15/23 of DC #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 7/29/22 - Diagnoses were Schizophrenia; Depression/Anxiety and Obsessive-Compulsive Disorder - Last date of service at the facility was 2/19/23 - Facility was notified by the police on 3/3/23 he was deceased (DC #1 died on 2/25/23) <p>Review on 3/8/23 of the North Carolina Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - An incident report dated 11/7/22 completed by the Qualified Professional (QP) and last submitted to IRIS on 11/9/22 reflected "...The resident eloped from the home during the late hours of the night, early part of the morning after the staff (no staff listed) did their 30-minute rounds. The staff contacted the [police department] to do a Silver Alert..." - No corrective or preventative measures to address DC #1's elopement from the facility aside from he was scheduled to begin attending a Psychosocial Rehabilitation program on the same day as he eloped and was awaiting word from a Community Support Team (CST) of when he could begin receiving services and the "staff will need to keep a closer check on this resident due to elopement." - An incident report dated 3/3/23 and completed by the QP and last submitted to IRIS on 3/3/23 revealed "...The QP was informed this morning by [name of police department] that the individual (DC #1) was hit by a car in [name of city]. The resident eloped from the home on 	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 366	<p>Continued From page 31</p> <p>2/20/2023 and a Silver Alert was done. The resident's legal guardians/parents identified the individual..."</p> <ul style="list-style-type: none"> - The incident response documented for the level III incident reported on 3/3/23 did not include information regarding the facility's convening of an internal review team within 24 hours of the incident; review a copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; or issuing written preliminary findings of fact within five working days of the incident - No additional IRIS reports in the system regarding the DC #1 <p>Interview on 3/15/23 with a police officer revealed:</p> <ul style="list-style-type: none"> - Someone from the facility had called the police department's non-emergency number seven times to report DC #1 as a "missing person." - The dates for the calls were 8/8/22; 11/7/22; 11/29/22; 12/29/22; 2/4/23; 2/10/23 and 2/19/23. <p>Review on 3/16/23 of the QP's monthly progress notes from 8/30/22-2/28/23 revealed:</p> <ul style="list-style-type: none"> - A progress note dated 11/30/22 reflected on 11/8/22, the police non-emergency number was contacted by staff (name not listed) to report DC #1 had left the facility. He was located by the police on 11/10/22 and returned to the facility on the same day. After his return to the facility, he engaged in property destruction (broke a television and some personal belongings and knocked pictures from the wall). Emergency Medical Services (EMS) were called, and he was transported to the hospital, where he remained from 11/10/22-11/21/22 - Progress note dated 12/30/22 revealed DC 	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 366	<p>Continued From page 32</p> <p>#1 left the facility on 12/8/22 "around 12:35 noon" and returned to the facility "around 4:45 pm" on the same date</p> <ul style="list-style-type: none"> - Progress note dated 2/28/23 revealed DC #1 left and returned to the facility on the following dates: 2/2/23 with a return to the facility on 2/7/23; 2/10/23 with a return on 2/13/23; and on 2/20/23 with no return - Each time he left the facility, staff (no names listed) called the police non-emergency number to report DC #1 has having left the facility - The police officer who took the report of DC #1 having left the facility on 2/19/23 was the same officer that notified her on 3/3/23 that DC #1 was deceased. <p>Interview on 3/16/23 with the Team Leader with the Customer Service and Community Rights Team with DHHS (Department of Health and Human Services) revealed:</p> <ul style="list-style-type: none"> - Confirmation the facility had not provided any documentation which reflected the facility's response to DC #1's multiple elopements from the facility and the calls to the police to report him as missing - No documentation as to how the facility planned to or had responded to the events of 11/10/22 which involved DC #1. An incident which included property destruction, the need for EMS to be called on his behalf and his hospitalization from 11/10/22-11/21/22. - No documentation the facility had convened a team to review DC #1's case after his death on 2/25/23 and to discuss what measures the facility could develop/implement to prevent similar events. <p>Review on 3/14/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 9/7/16 - Diagnoses of Schizophrenia; Polysubstance 	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 366	<p>Continued From page 33</p> <p>Abuse; Chronic Kidney Disease; Essential Hypertension; Nicotine Use; Morbid Obesity; GERD (Gastroesophageal Reflux Disease); Anxiety; and Hyperlipidemia</p> <ul style="list-style-type: none"> - An undated admission assessment which reflected he had a history of cannabis, alcohol, and cocaine use and his "insight and judgment were chronically impaired." - Client #2 was in the custody of a Department of Social Services <p>Interview on 3/15/23 with a police officer revealed:</p> <ul style="list-style-type: none"> - There had been four telephone calls to the police department's non-emergency number regarding client #2 - The dates for the calls were 6/20/22; 1/27/23; 2/19/23 and 3/7/23 - The calls regarding client #2 were listed as "larceny", "suspicious person", a "missing person" and "vehicle tampering." <p>Review on 4/13/23 of "incident/investigation reports" from the police department regarding the four calls revealed:</p> <ul style="list-style-type: none"> - 6/20/22: a person reported client #2 had taken a check out of their mailbox; - 1/27/22: a person reported client #2 as a "suspicious person" with the reporter telling the police that "there's a b/m (black male) from the group home that was walking in the neighborhood and they're not supposed to be out...she had no address but said it's the house on the corner...she said he scared her when she walked outside a minute ago..." - 2/19/23: client #2 was reported as a "missing person" - 3/7/23: a person reported client #2 for "vehicle tampering" with the reporter telling the police "...his white ram work van was broken into 	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 366	<p>Continued From page 34</p> <p>by a bm LSW (Last Seen Wearing) blu (blue) shirt drk (dark) shorts, subj (subject) lives in halfway house, pr (person reporting) did catch the susp (suspect) breaking into the veh (vehicle) ...pr adv (advised) it is an on going problem with him breaking into vehs (vehicles) ...pr was told to call police if they caught the susp again..."</p> <p>Review on 3/16/23 of the IRIS system revealed:</p> <ul style="list-style-type: none"> - No incident reports regarding client #2 in IRIS <p>Interview on 3/16/23 with the Team Leader with the Customer Service and Community Rights Team with DHHS (Department of Health and Human Services)</p> <ul style="list-style-type: none"> - Confirmation the facility had not documented any response as to how they planned to address client #2's elopements from the facility and his being on other individuals' property without their invitation. <p>Interview on 4/13/23 with the QP revealed:</p> <ul style="list-style-type: none"> - She was the person responsible for submitting incident reports to IRIS - "Honestly, that (submitting incident reports) is something I have to work on....sometimes it gets away from me." - There had been no review team had been convened to review the DC #1's record and the circumstances surrounding his death. 	V 366		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 367	<p>Continued From page 35</p> <p>consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 367	<p>Continued From page 36</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. 	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 367	<p>Continued From page 37</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report level II incident reports to the to the Local Management Entity (LME) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident affecting 1 of 1 Deceased Client (DC #1) and 1 of 2 audited clients (client #2). The findings are:</p> <p>Review on 3/15/23 of DC #1's record revealed:</p> <ul style="list-style-type: none"> - DC #1 was admitted to the facility on 7/29/22 - Diagnoses were Schizophrenia; Depression/Anxiety and Obsessive-Compulsive Disorder - Last day of service was on 2/19/23 - Facility was notified on 3/3/23 by the police that he was deceased - He was discharged from the facility on 3/3/23 <p>Review on 3/8/23 of the North Carolina Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - An incident report dated 11/7/22 completed by the Qualified Professional (QP) and last submitted to IRIS on 11/9/22 reflected " ...The resident (DC #1) eloped from the home during the late hours of the night, early part of the morning after the staff (no staff listed) did their 30 minute rounds. The staff contacted the [police department] to do a Silver Alert ..." - A police officer responded to the call and completed a missing person report on behalf of DC #1 - An incident report dated 3/3/23 and completed by the QP and last submitted to IRIS on 3/3/23 revealed " ...The QP was informed this morning by [name of police department] that the 	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 367	<p>Continued From page 38</p> <p>individual (DC #1) was hit by a car in [name of city in North Carolina]. The resident eloped from the home on 2/20/2023 and a Silver Alert was done. The resident's legal guardians/parents identified the individual ..."</p> <ul style="list-style-type: none"> - No additional IRIS reports in the system regarding the DC #1 <p>Review on 3/15/23 of the facility's incident report completed by staff #1 on 2/20/23 revealed:</p> <ul style="list-style-type: none"> - DC #1 left the facility at 5 pm on 2/19/23 - Prior to his leaving the facility his condition was "normal." - There were no witnesses to the incident and the "additional comments and/or steps taken to prevent reoccurrence: ask not to leave." <p>Interview on 3/15/23 with an officer with a police department revealed:</p> <ul style="list-style-type: none"> - Someone from the facility had called the police department's non-emergency number seven times to report DC #1 as a "missing person." - The dates for the calls were 8/8/22; 11/7/22; 11/29/22; 12/29/22; 2/4/23; 2/10/23 and 2/19/23. <p>Review on 3/16/23 of the QP's monthly progress notes from 8/30/22-2/28/23 revealed:</p> <ul style="list-style-type: none"> - 11/30/22: On 11/8/22, the police non-emergency number was contacted (name of person contacting the police was not listed) to report DC #1 had left the facility - He was located by the police on 11/10/22 and returned to the facility - After his return to the facility, he engaged in property destruction (broke a television and some of his personal belongings and knocked pictures from the wall) - Emergency Medical Services were called and he was transported to the hospital, where he 	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 367	<p>Continued From page 39</p> <p>remained from 11/10/22-11/21/22</p> <ul style="list-style-type: none"> - 12/30/22: DC #1 left the facility on 12/8/22 "around 12:35 noon" and returned to the facility "around 4:45 pm" on the same date - 2/28/23: DC #1 left and returned to the facility on 2/2/23 with a return to the facility on 2/7/23; he left the facility on 2/10/23 and returned on 2/13/23; and he left again on 2/20/23 with no return - Each time he left the facility, staff (no staff names listed) called the police non-emergency number to report DC #1 having left the facility - The police officer who responded to the report of DC #1 having left the facility on 2/20/23 notified her on 3/3/23 DC #1 was deceased <p>Review on 3/14/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 9/7/16 - Diagnoses of Schizophrenia; Polysubstance Abuse; Chronic Kidney Disease; Essential Hypertension; Nicotine Use; Morbid Obesity; GERD (Gastroesophageal Reflux Disease); Anxiety; and Hyperlipidemia - An undated admission assessment which reflected he had a history of cannabis, alcohol and cocaine use and his "insight and judgment were chronically impaired." - Client #2 was in the custody of a Department of Social Services <p>Interview on 3/15/23 with an officer with the police department revealed:</p> <ul style="list-style-type: none"> - There had been four telephone calls to the police department's non-emergency number regarding client #2 - The dates for the calls were 6/20/22; 1/27/23; 2/19/23 and 3/7/23 - The calls regarding client #2 were listed as "larceny" (6/20/22), "suspicious person" (1/27/23), a "missing person" (2/19/23) and "vehicle 	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 367	<p>Continued From page 40</p> <p>tampering" (3/7/23).</p> <p>Review on 4/13/23 of the "incident/investigation reports" from the police department regarding the four calls revealed:</p> <ul style="list-style-type: none"> - 6/20/22: a person reported client #2 had taken a check out of their mailbox; - 1/27/22: a person reported client #2 as a "suspicious person" with the reporter telling the police that "there's a b/m (black male) from the group home that was walking in the neighborhood and they're not supposed to be out ...she had no address but said it's the house on the corner ...she said he scared her when she walked outside a minute ago ..." - 2/19/23: client #2 was reported as a "missing person" - 3/7/23: a person reported client #2 for "vehicle tampering" with the reporter telling the police " ...his white ram work van was broken into by a bm LSW (last seen wearing) blu (blue) shirt drk (dark) shorts, subj (subject) lives in halfway house, pr (person reporting) did catch the susp (suspect) breaking into the veh (vehicle) ...pr adv (advised) it is an on going problem with him breaking into vehs (vehicles) ...pr was told to call police if they caught the susp again ..." <p>Interview on 3/16/23 with Team Leader with the Customer Service and Community Rights Team with DHHS (Department of Health and Human Services) revealed:</p> <ul style="list-style-type: none"> - Confirmation the facility had not submitted any Level II incident reports to IRIS regarding telephone calls to the police on 8/8/22; 11/29/22; 12/29/22; 2/4/23; 2/10/23 and 2/20/23 on behalf of DC #1 - No incident report had been submitted to IRIS on behalf of DC #1 regarding the events of 11/10/22 (his property destruction; a call to EMS 	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 367	Continued From page 41 and his hospitalization) - Confirmation the facility had not submitted any Level II incident reports to IRIS regarding the reports to the police regarding client #2 Interview on 4/13/23 with the QP revealed: - She was the person responsible for submitting incident reports to IRIS - "Honestly, that (submitting incident reports) is something I have to work onsometimes it gets away from me."	V 367		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 536	Continued From page 42 course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 536	<p>Continued From page 43</p> <p>outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 536	<p>Continued From page 44</p> <p>need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff completed formal refresher training in alternatives to restrictive interventions for 1 of 2 staff (staff #1). The findings are:</p> <p> </p> <p>Review on 3/23/23 of staff #1's record revealed:</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 536	Continued From page 45 - A hire date of 2/25/21 - Staff #1's certificate for North Carolina Interventions Plus (NCI +) training in alternatives to restrictive interventions listed the date of 10/28/23 as the date she completed the training - The facility's Director was listed as the trainer on the certificate Interview on 4/14/23 with the Qualified Professional revealed: - The Director was the person who conducted the NCI + training for staff - The date listed on the training certificate "may have been a misprint" by the Director.	V 536		
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 observation and interview, the facility failed to maintain the facility in a safe, clean, and orderly manner. The findings are: Observations on 3/10/23 at 2:00 pm and on 3/13/23 at 10:45 am revealed: Front porch: - A white metal awning over the front porch with black discoloration on the front and sides of	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 736	<p>Continued From page 46</p> <p>the awning</p> <ul style="list-style-type: none"> - A green turf like flooring material on the front porch floor which was torn in areas on the right side near the railing <p>Kitchen:</p> <ul style="list-style-type: none"> - A vent above the microwave had places of rust and black stains along one side of the vent in the ceiling - Cabinets: lower cabinet had a lower shelf with stains on the bottom of the shelf, one corner cabinet was hanging loose from the frame and one drawer next to the stove was missing its facing and a drawer pull - Refrigerator: shelves were missing front brackets <p>Communal areas of the facility:</p> <ul style="list-style-type: none"> - Cameras mounted on the ceiling were not attached to their mounts - A fire alarm which made a chirping sound every 35 to 40 seconds <p>Bedroom #2: (client #2 and #3's bedroom)</p> <ul style="list-style-type: none"> - The glass in the bedroom window was broken in at least two places - Clients' personal items were stored in plastic bags, cardboard boxes, and plastic tubs on the floor - One of the drawers in a six-drawer dresser missing its drawer pull <p>Bathroom:</p> <ul style="list-style-type: none"> - The shower had stains on its base and the surrounding walls - Unidentified drip stains on the wall beside the toilet - The toilet had not been flushed as a yellow-colored liquid could be observed at the bottom of the bowl and drips of a yellow substance on the front of the toilet seat and a piece of yellow colored toilet paper underneath the toilet seat and hanging down the front of the toilet bowl 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 736	<p>Continued From page 47</p> <ul style="list-style-type: none"> - Dust on the vent in the ceiling above the shower and tub area - Unidentifiable black stains along the floor trim and the floor at the toilet and the shower - A black stain along two sides of the vent in the ceiling - A chrome shower head with black film/limescale covering the face of the shower head - The bathroom sink had water sitting in it and draining slowly - A five bulb light fixture with four of the five bulbs not working <p>Garage:</p> <ul style="list-style-type: none"> - An upright freezer sitting in the garage with thick layers of ice covering the shelving inside the unit - A box with small cartons of a beverage which were encased in ice - The walls and ceiling had spackling and unfinished/unpainted drywall - The garage floor was stained all over with some areas of discoloration darker in color than others (unsure if the areas of discoloration were due to some type of stain, (i.e., oil) or dirt <p>Exterior:</p> <ul style="list-style-type: none"> - The back deck had multiple loose boards throughout the decking, with the paint peeling over its entirety and one damaged floorboard which created a trip hazard - Multiple exposed nails on the railings - A bedframe leaning against a brick wall of the facility - A torn window screen in one of windows facing out onto the back deck - A shutter with three areas of broken slats within the shutter <p>Interview on 4/13/23 with the Qualified Professional (QP) revealed:</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-357	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #6	STREET ADDRESS, CITY, STATE, ZIP CODE 4790 LENNOX ROAD 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 736	<p>Continued From page 48</p> <p>- Staff would let the facility owners know about needed repairs; however, the facility's maintenance man had to wait for the owners to authorize the repairs and provide the funds for him to purchase the materials to make the repairs.</p> <p>This deficiency is a recited deficiency and must be corrected within 30 days.</p>	V 736		