

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 6/22/23. The complaints were substantiated (intake #NC00200571 and intake #NC00203058). 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 5. The survey sample consisted of audits of 5 current clients.</p>	V 000		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the refusal of medication by the client was documented on the clients' Medication Administration Record affecting 2 of 3 audited clients (#1, and #2). The findings are:</p> <p>Review on 5/19/23 of client #1's record revealed:</p>	V 123		

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: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 123	<p>Continued From page 1</p> <ul style="list-style-type: none"> - An admission date of 11/20/14 - Diagnoses of Bipolar Disorder (D/O); Schizoaffective D/O; Unspecified Schizophrenia; Hearing Loss; Unspecified Essential Hypertension; Diabetes and Hyperlipidemia <p>Observation on 5/19/23 at 1:03 pm revealed the following medications present in the facility to be administered to client #1:</p> <ul style="list-style-type: none"> - Hydralazine (hypertension) 25 mg (milligram) 1 tab PO (by mouth) three times a day (8 am/2 pm/8 pm); Gabapentin (nerve pain) 300 mg 2 cap PO three times a day (8 am/2 pm/8 pm); Omeprazole (heartburn) 40 mg 1 cap PO 30 minutes before dinner (do not crush) (4:30 pm); Calcium/D3 600/400 (osteoporosis/weak bones) 1 tab PO twice a day (8 am and 5 pm); Losartan (hypertension) 50 mg 1 tab PO once daily (8 am); Risperidone (antipsychotic) 1 mg 1 tab PO at bedtime (8 pm); Atorvastatin (cholesterol) 40 mg 1 tab PO once daily (8 am); Vitamin D3 (absorption of calcium) 2000 IU (International Unit) 1 tab PO once daily (8 am); Trazodone (major depressive disorder and/or sleep) 50 mg 1 tab PO at bedtime (8 pm); Levocetirizine (antihistamine) 5 mg 1 tab PO at bedtime (5 pm); Donepezil (Alzheimer's disease) 10 mg 1 tab PO at bedtime (8 pm); Acetaminophen (pain relief/reduction of fever) ES (Extra-Strength) 500 ES 1 tab PO once daily (8 am); Amlodipine (hypertension) 5 mg 1 tab PO twice a day (8 am and 8 pm); Ammonium Lactate (dry skin) 12% Lotion Apply topically to top and bottom of feet (8 pm) and Fluticasone Prop (Propionate) (seasonal/year around allergies) Spray 1 spray in each nostril once daily (8 am) <p>Review on 5/24/23 of client #1's MARs from 3/1/23-5/24/23 revealed no staff initials to reflect client #1 had been administered medication or</p>	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 123	<p>Continued From page 2</p> <p>refused her medication on the following dates and times:</p> <ul style="list-style-type: none"> - Hydralazine 25 mg <p>March 2023</p> <p>8 am 3/2; 3/11-3/12; 3/14; 3/16-3/19; 3/23-3/24; 3/26-3/29; 3/31</p> <p>2 pm 3/3-3/4; 3/11-3/20; 3/23-3/27; 3/29-3/31</p> <p>8 pm 3/1; 3/9; 3/11-3/20; 3/22-3/23; 3/25-3/31</p> <p>April 2023</p> <p>2 pm 4/1-4/2; 4/6-4/30</p> <p>8 pm 4/1-4/2; 4/5-4/30</p> <p>May 2023</p> <p>8 am 5/4; 5/22</p> <p>2 pm 5/1-5/16</p> <p>8 pm 5/1-5/18</p> <ul style="list-style-type: none"> - Gabapentin 300 mg <p>March 2023</p> <p>8 am 3/2; 3/11-3/12; 3/14; 3/16-3/19; 3/23-3/24; 3/26-3/29; 3/31</p> <p>2 pm 3/3-3/4; 3/11-3/20; 3/23-3/27; 3/29-3/31</p> <p>8 pm 3/1; 3/9; 3/11-3/19; 3/22-3/23; 3/25-3/31</p> <p>April 2023</p> <p>2 pm 4/1-4/2; 4/6-4/30</p> <p>8 pm 4/1-4/2; 4/5-4/30</p> <p>May 2023</p> <p>8 am 5/4; 5/22</p> <p>2 pm 5/1-5/17; 5/19</p> <p>8 pm 5/1-5/18</p> <ul style="list-style-type: none"> - Omeprazole 40 mg <p>March 2023</p> <p>4:30 pm 3/2; 3/4; 3/11-3/14; 3/16-3/20; 3/22-3/27; 3/29-3/31</p> <p>May 2023</p>	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 123	<p>Continued From page 3</p> <p>4:30 pm 5/4; 5/20</p> <p>- Calcium/D3 600/400 IU March 2023 8 am 3/2; 3/11-3/12; 3/14; 3/16-3/19; 3/23-3/24; 3/26-3/29; 3/31 5 pm 3/2; 3/4; 3/9; 3/11-3/14; 3/16-3/20; 3/22-3/27; 3/29-3/31</p> <p>April 2023 5 pm 4/1-4/2; 4/5-4/30</p> <p>May 2023 8 am 5/4; 5/22 5 pm 5/1-5/20</p> <p>- Losartan 50 mg March 2023 8 am 3/2; 3/11-3/12; 3/14; 3/16-3/19; 3/23-3/24; 3/26-3/29; 3/31</p> <p>May 2023 8 am 5/4; 5/22</p> <p>- Risperidone 1 mg March 2023 8 pm 3/1; 3/11-3/19; 3/22-3/23; 3/25-3/31</p> <p>April 2023 8 pm 4/5</p> <p>May 2023 8 pm 5/4</p> <p>- Atorvastatin 40 mg March 2023 8 am 3/2; 3/11-3/12; 3/14; 3/16-3/19; 3/23-3/24; 3/26-3/29; 3/31</p> <p>May 2023</p>	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 123	<p>Continued From page 4</p> <p>8 am 5/4; 5/22</p> <p>- Vitamin D3 2000 IU March 2023 8 am 3/2; 3/11-3/12; 3/14; 3/16-3/20; 3/23-3/24; 3/26-3/29; 3/31</p> <p>May 2023 8 am 5/4; 5/22</p> <p>- Trazodone 50 mg March 2023 8 pm 3/1; 3/11-3/19; 3/22-3/23; 3/25-3/31</p> <p>April 2023 8 pm 4/5</p> <p>May 2023 8 pm 5/4</p> <p>- Levocetirizine 5 mg March 2023 5 pm 3/2; 3/4; 3/11-3/14; 3/16-3/19; 3/22-3/27; 3/29-3/31</p> <p>April 2023 5 pm 4/5</p> <p>May 2023 5 pm 5/4; 5/20</p> <p>- Donepezil 10 mg March 2023 8 pm 3/2; 3/4; 3/11-3/14; 3/16-3/19; 3/22-3/27; 3/29-3/31</p> <p>April 2023 8 pm 4/5</p> <p>May 2023</p>	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 123	<p>Continued From page 5</p> <p>8 pm 5/4</p> <p>- Acetaminophen ES 500 ES March 2023 8 am 3/2; 3/11-3/12; 3/14; 3/16-3/19; 3/23-3/24; 3/26-3/29; 3/31</p> <p>April 2023 8 am 4/15</p> <p>May 2023 8 am 5/4; 5/7; 5/22</p> <p>- Amlodipine 5 mg March 2023 8 am 3/2; 3/11-3/12; 3/14; 3/16-3/19; 3/22-3/23; 3/26-3/29; 3/31 8 pm 3/1; 3/9; 3/11-3/20; 3/22-3/23; 3/25-3/31</p> <p>April 2023 8 pm 4/1-4/2; 4/5-4/30</p> <p>May 2023 8 am 5/4; 5/22 8 pm 5/1-5/18</p> <p>- Ammonium Lactate 12% Lotion March 2023 5 pm 3/1; 3/11-3/19; 3/22-3/23; 3/25-3/31</p> <p>April 2023 5 pm 4/5</p> <p>May 2023 5 pm 5/4</p> <p>- Fluticasone Prop 50 mcg March 2023 8 am 3/2; 3/11-3/12; 3/14; 3/16-3/19; 3/23-3/24; 3/26-3/29; 3/31</p>	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 123	<p>Continued From page 6</p> <p>May 2023 8 am 5/4; 5/22</p> <p>Attempts to interview client #1 on 5/19/23; 6/1/23 and on 6/7/23 were unsuccessful as the client refused to be interviewed.</p> <p>Interview on 5/24/23 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - Client #1 refused to take her medications regularly - Staff knew they should document refusals on the client's MAR; however, they had failed to do so - The facility was working with others involved in client #1's care regarding her ongoing refusal of her medications <p>Review on 5/19/23 and on 5/25/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 7/6/15 - Diagnoses of Schizoaffective D/O; Sickle Cell Anemia and Asthma <p>Observation on 5/19/23 at 12:58 pm and on 6/7/23 at 2:41 pm revealed the following medications present in the facility to be administered to client #2:</p> <ul style="list-style-type: none"> - Aripiprazole (antipsychotic) 10 mg 1 tab PO twice a day (8 am and 8 pm); Fish Oil (vitamin supplement) 1000 mg soft gel 1 cap PO once daily (8 am); Hydroxyzine PAM (Pamoate) (nervous/emotional conditions) 25 mg 1 cap PO twice a day (8 am and 8 pm); HCTZ (Hydrochlorothiazide) (diuretic) 25 mg 1 tab PO every morning (8 am); Losartan (hypertension) 100/12.5 mg 1 tab PO once daily (8 am); Metformin (control blood sugar) 1000 mg 1 tab PO twice a day (8 am and 8 pm); Aspirin (prevent heart attack/stroke) 81 mg 1 tab PO once daily (8 	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 123	<p>Continued From page 7</p> <p>am); and Vitamin A (immune health) 15000 IU 1 tab PO once daily (8 am)</p> <p>Review on 5/24/23 of client #2's MARs from 3/1/23-5/24/23 revealed no staff initials to reflect client #2 had been administered her medication or she had refused her medication on the following dates and times:</p> <ul style="list-style-type: none"> - Fish Oil 1000 mg March 2023 8 am 3/2; 3/11-3/12; 3/16-3/19; 3/23-3/24; 3/26-3/27; 3/29; 3/31 April 2023 8 am 4/1-4/2; 4/6-4/23 - Hydroxyzine PAM 25 mg March 2023 8 am 3/2; 3/11-3/12; 3/16-3/19; 3/23-3/24; 3/26-3/27; 3/29; 3/31 8 pm 3/1; 3/9; 3/11-3/20; 3/22-3/23; 3/25-3/31 April 2023 8 pm 4/1-4/2; 4/5-4/30 May 2023 8 am 5/4 8 pm 5/1-5/18 - HCTZ 25 mg March 2023 8 am 3/11-3/19; 3/22-3/23; 3/26-3/27; 3/29; 3/31 May 2023 8 am 5/4; - Losartan 100/12.5 mg March 2023 	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 123	<p>Continued From page 8</p> <p>8 am 3/11-3/19; 3/21; 3/23-3/24; 3/26-3/27; 3/29; 3/31</p> <p>May 2023 8 am 5/4</p> <p>- Metformin 1000 mg March 2023 8 am 3/11-3/19; 3/23-3/24; 3/26-3/27; 3/29; 3/31 8 pm 3/1-3/9; 3/11-3/22; 3/24-3/31</p> <p>May 2023 8 am 5/4 8 pm 5/1-5/18</p> <p>- Aspirin 81 mg May 2023 8 am 5/4; 5/20-5/24</p> <p>- Vitamin A 15000 IU March 2023 8 am 3/11-3/12; 3/16-3/19; 3/22-3/23; 3/26-3/27; 3/29; 3/31</p> <p>May 2023 8 am 5/4</p> <p>Interview on 6/8/22 with client #2 revealed:</p> <ul style="list-style-type: none"> - The Assistant to the QP was the individual who prescribed her medications - He was not a physician; so, she refused to take any medications he prescribed <p>Interview on 5/24/23 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Client #2 refused to take her medications as prescribed - The facility was working with others involved in her care regarding her refusal to take her 	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 123	Continued From page 9 medication	V 123		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 290	<p>Continued From page 10</p> <p>diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a minimum of one staff was always present when any adult client was on the premises, except when the client's treatment or habilitation plan documented the client was capable of remaining in the home or the community without supervision and the facility failed to ensure the plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time affecting 5 out of 5 clients (clients #1, #2, #3, #4 and #5). The findings are:</p> <p>Review on 5/19/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 11/20/14 - Diagnoses of Bipolar Disorder (D/O); Schizoaffective D/O; Unspecified Schizophrenia; Hearing Loss; Unspecified Essential Hypertension; Diabetes and Hyperlipidemia - An "Unsupervised Time Assessment" completed by the Director on 12/1/21 which reflected client #1 did not wish to have unsupervised time in the facility 	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 290	<p>Continued From page 11</p> <ul style="list-style-type: none"> - No evidence the "Unsupervised Time Assessment" had been reviewed at least annually on behalf of client #1 <p>Attempts to interview client #1 on 5/19/23; 6/1/23 and on 6/7/23 were unsuccessful as the client did not wish to be interviewed</p> <p>Review on 5/19/23 and on 5/25/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 7/6/15 - Diagnoses of Schizoaffective D/O; Sickle Cell Anemia and Asthma - An "Unsupervised Time Assessment" completed by the Agency Director on 12/1/21 which reflected client #2 did not wish to have unsupervised time in the facility - No evidence the "Unsupervised Time Assessment" had been reviewed at least annually on behalf of client #2 <p>Interview on 6/8/23 with client #2 revealed:</p> <ul style="list-style-type: none"> - Staff #1 left the clients alone at the facility on 5/28/23 - When the clients went to sleep the night of 5/27/23, staff #1 was there; however, when she got up (time not reported), staff #1 was not at the facility - Client #5 called police to report staff #1 as a "missing person" because it was "not like her" to leave the clients alone - A police officer and Emergency Medical Services (EMS) personnel came to the facility and checked on the clients - The police officer remained at the facility until the Medication Technician (MT) arrived at the facility - There were no negative outcomes for her or the other clients because of being left alone at the facility 	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 290	<p>Continued From page 12</p> <p>Review on 5/25/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 9/1/16 - A diagnosis of Schizoaffective D/O - An "Unsupervised Time Assessment" completed by the Agency Director on 12/1/21 which reflected client #3 did not wish to have unsupervised time in the facility - No evidence the "Unsupervised Time Assessment" had been reviewed at least annually on behalf of client #3 <p>Interview on 6/7/23 with client #3 revealed:</p> <ul style="list-style-type: none"> - She could not provide specific details about the events of 5/28/23 other than to report the police came to the facility because client #5 called them - She could not provide the name of the staff who was working on 5/28/23; when the staff left and/or returned to the facility - A police officer came to the facility and spoke with each client to determine if they were ok - "Some kinda doctor, medical person" went to each client's bedroom and asked if they needed any medical attention - She reported no negative outcomes regarding her or the clients being left alone at the facility <p>Interview on 6/7/23 with client #5 revealed:</p> <ul style="list-style-type: none"> - On 5/27/23, she had gone to a hospital emergency room around "supertime." - She could not provide a specific time as to when "supertime" was; however, she reported she returned to the facility at 10 pm on the same night - When she returned to the facility, she went to the staff office and saw some of the staff #1's belongings in the office but not staff #1 - On 5/28/23, she did not see staff #1 prior to 	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 290	<p>Continued From page 13</p> <p>leaving to attend church and believed that staff #1 must have left the clients alone overnight</p> <ul style="list-style-type: none"> - When she returned to the facility after church (no time provided), she still did not see staff #1 so she called the police to report the clients had been left alone at the facility - A police officer came to the facility, and he was "...really nice ..." - EMS personnel also came to the facility to check on the clients - It was her understanding that staff #1 told the police that she was "only gone for a few minutes to get personal hygiene products." - She believed that staff #1 was "just up the street" and "hiding out at the neighbor's house" and waited until the police left - Staff #1 returned to the facility after the police left and called her a "snitch" for having called the police - The police officer remained at the facility until the MT arrived at the facility (could not provide a time) - She did not like living at the facility and was hoping she would be able to move from the facility soon <p>Interview on 6/8/23 with staff #1 revealed:</p> <ul style="list-style-type: none"> - She received a telephone call from the Assistant to the Qualified Professional (AQP) who asked where she was - The AQP informed her that the police were at the facility and a client or clients had told the officer that she had been away from the facility for several hours - She reported to the AQP that she left the facility to purchase personal hygiene products for herself and a soft drink for client #2 and had only been "gone for twenty minutes at the most." - Although, she could not recall exactly when she left the facility; however, she knew that she it 	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 290	<p>Continued From page 14</p> <p>was after 12 pm (afternoon) because she had administered noon medications to the clients</p> <ul style="list-style-type: none"> - She told client #2 that she was leaving and that she would be "right back." - When she arrived at the facility, she observed the police at the facility; however, she never spoke with an officer her - The MT came in to replace her and she was directed to leave the facility for the remainder of her shift - The staff were to call their "Manager or the Human Resources (HR) Manager" to report if they needed to leave the facility due to an emergency with management responsible for finding a replacement for the staff who needed to leave their shift - Staff were to remain at the facility until another staff arrived to replace them - She had not called her "Manager or the HR Manager" to report she was leaving the clients at the facility without staff present to go to the store on 5/28/23 - She had not left the clients alone overnight - Client #5 had a history of calling the police and making false statements about staff - She "loved" her job and "I takes care of my clients." <p>Interview on 6/7/23 with the MT revealed:</p> <ul style="list-style-type: none"> - He came to the facility "early afternoon" on 5/28/23, "around two-thirty, three o'clock, no later than four." - He had received a call from the AQP or the HR Manager with a request for him to go to the facility - When he arrived at the facility, the police and EMS personnel were at the facility - Staff #1 should have been present at the facility, however, she was not - The police officer told him that the clients 	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 290	<p>Continued From page 15</p> <p>(unnamed) that they had been left alone for "8 hours."</p> <ul style="list-style-type: none"> - As the police were leaving the facility, staff #1 returned and informed him that she had gone to the store to get "personal items" because it was "her time of the month" and she did not have anything she could use at the facility - She reported she asked client #3 if she had any personal hygiene produces and she did not - She reported she was away from the facility for "thirty minutes." - Staff #1 was not allowed to remain at the facility because she "was already in trouble." - He believed client #5 called the police because she is the only client who had a cell phone - Client #5 also liked calling the police because she liked to "get staff in trouble" or to see the "drama" associated with the police coming to the facility - Unbeknownst to him, client #5 had called the fire department earlier in the week because the smoke detector was "beeping." - He had no knowledge she had called the fire department until the police arrived at the facility <p>Interview on 6/13/23 with the HR Manager revealed:</p> <ul style="list-style-type: none"> - On 5/28/23, he received a telephone call from the AQP who reported the police were at the facility and the clients were there with no staff present - The AQP reported he had spoken to staff #1 who reported that she had just left the facility to go to the store to purchase personal hygiene products - He telephoned the MT and directed him to go to the facility immediately and staff #1 was directed to go home for the remainder of her shift - He did not believe staff #1 left the client 	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 290	<p>Continued From page 16</p> <p>overnight and for a portion of the following day as client #5 would have called someone</p> <ul style="list-style-type: none"> - "If she (staff #1) had left at ten, then the police would have been there at eleven" - Client #5 also had her guardian's telephone number, a crisis line number and his number as well at the AQP's number - "One thousand percent she would have called somebody." <p>No attempt was made to interview the QP as she was out on maternity leave</p> <p>Review on 6/6/23 of a police "incident/investigation report" obtained online and dated 5/28/23 revealed:</p> <ul style="list-style-type: none"> - On 5/28/23, the police arrived at the facility at 1:36 pm - No additional information aside from the name of the investigating officer could be gathered from the report as it read "data omitted." <p>An attempt to interview the police officer who came to the facility on 5/28/23 was unsuccessful as he was unable to be reached by telephone (voice mailbox was full) on 6/6/23 and he failed to respond to a text message sent on 6/7/23 with a request for a return phone call prior to the close of the survey</p>	V 290		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 17</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are:</p> <p>Observation on 5/19/23 from 12:07 pm until 3:30 pm revealed: Hallway: - The door to the hallway closet was missing</p> <p>Living room: - The blades on the ceiling fan were covered in dust - The vent cover for the heating and air system was covered in dust - A telephone wall jack in the living room was not flush with the wall and had an insulated wire coming from the wall behind/underneath the wall jack - A second telephone wall jack that was not flush with the wall with an insulated cable coming from it and attached to the back of a television sitting above the fireplace mantle</p> <p>Kitchen: - A kitchen drawer missing its front - A crumpled absorbent pad lying on the floor underneath the kitchen cabinet closest to the refrigerator - The folding door to the pantry was missing the knob used to open the door - An empty box and a paper bag filled with trash sitting next to the kitchen cabinets - A bucket filled with water (gray in color) with a</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 18</p> <p>mop inside the bucket sitting next to a chest freezer</p> <ul style="list-style-type: none"> - Food crumbs inside the microwave oven and on the turntable and on the inside of the door of the microwave - An old and torn sponge on the kitchen sink - The dish rack filled to overflowing with kitchen items (utensils, cookware, and plastic containers) <p>Client bathroom:</p> <ul style="list-style-type: none"> - The showerhead was covered in a buildup that was silver/gray in color - A rectangular area of the wall next to the bathroom sink was lighter in color (beige) than the remainder of the walls (green) in the bathroom - Dried drip stains (yellowish in color) on the wall and behind the bathroom sink - Dried drip stains (yellowish in color) on the wall next to the wall light switch and beneath it - The floor of the tub was stained/discolored - The linoleum flooring was and stained (black and grayish stained areas) <p>Hallway bathroom:</p> <ul style="list-style-type: none"> - Two of three light bulbs missing from the light fixture over the sink - The light fixture was covered in rust colored specks - The linoleum flooring was stained (black and grayish stained area) <p>Laundry room:</p> <ul style="list-style-type: none"> - The linoleum flooring was stained (black and grayish stains) with items on the floor <p>Client# 1's bedroom:</p> <ul style="list-style-type: none"> - The flooring in front of the client's bed and her dresser was covered with black/grayish ash 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 19</p> <p>like residue</p> <ul style="list-style-type: none"> - A cup filled with a brown liquid sitting on the floor on the side of her bed - A dried brown spill stain and a black/grayish ash like residue underneath the client's bed - One drawer missing from a four drawer dresser <p>Client #2 and #5's bedroom:</p> <ul style="list-style-type: none"> - Areas of clutter throughout the room which included clothing on cabinet shelving along with a jar of peanut butter - Clothing items on the floor along with an empty plastic soft drink bottle - A two door wardrobe with the veneer coming loose from one side - Client #2's clothing and other personal belongings packed into white trash bags and vinyl containers and sitting in a corner of the bedroom - No bedding on client #2's bed which revealed a mattress with stains on its top and sides <p>Client #3's bedroom:</p> <ul style="list-style-type: none"> - A three drawer fabric storage container with the fabric drawers bulging with clothing and other items which spilled out of each drawer and onto the floor - An unopened can of soup sitting next to the fabric storage container with three unidentifiable brown lumps sitting on top of the can - A black vinyl dresser sitting inside a closet with a mound of unfolded clothing sitting on top of the dresser with other items of clothing spilling out of one of the dresser drawers - Items of clothing on the floor of the closet and stacked on top of a laundry basket - A yellow dresser with a half a loaf of bread sitting on the top of the dresser - A pile of shoes sitting on the floor next to the yellow dresser 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 20</p> <p>Review on 5/19/23 of the facility's health inspection dated 12/16/22 and completed by a local county health department personnel revealed:</p> <ul style="list-style-type: none"> - The facility received thirteen demerits as result of the health inspection with "...observations and corrective actions" which reflected...cleaning is needed in the bathroom shower of room 1 (client bathroom) to remove build-up on the shower ...replace handle on closet in kitchen and ...all furniture, mattresses ...shall be kept clean and in good repair ..." - The health inspector observed "clothes being stored in totes on the floor ..." and detailed in the report that " ...rooms or spaces which are provided and used for storage of clothing, personal effects, luggage, necessary equipment and supplies and for items not in routine use shall be kept clean ..." - Additional observations included the need for the floor to be cleaned, the fan in the living room to be dusted and "ventilation equipment shall be kept clean and in good repair..." <p>An attempt on 5/19/23 to interview client #1 was unsuccessful and as she refused to be interviewed</p> <p>Interview on 5/19/23 with client #2 revealed:</p> <ul style="list-style-type: none"> - She was in the process of packing her belongings as she was planning to move in with a family member <p>Interview on 6/2/23 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - The facility employed a maintenance man; however, when items needed to be repaired, permission and funds from management were needed prior to the repairs being made 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 21</p> <ul style="list-style-type: none"> - A lot of repairs had been made at the facility; although, she was unaware of the condition of the facility as observed on 5/19/23 <p>Review on 6/5/23 of a Plan of Protection dated 6/5/23 and completed and signed by the QP 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"> - Immediately will continue to work on the cleanliness of the home (6/5/2023). The cleanliness of the home is an ongoing action that staff works on with the clients of the home to keep things clean and organized. Immediately will follow up with the in-house maintenance to repair items that had already been previously repaired but will need to be redone due to the daily use from clients and staff (6/5/2023). Immediately will follow up with in house staff about daily cleaning and doing 30-minute checks for the cleanliness of restrooms and clean rooms (6/5/2023). Describe your plans to make sure the above happens. - The Qualified Professional will immediately follow up (ongoing) with everyone regarding the plan." <p>This deficiency has been cited four times since the original cite on 12/3/21 and must be corrected within 45 days.</p> <p>The facility served clients with diagnoses of Bipolar Disorder and Schizoaffective Disorder. An observation of the client's living conditions revealed a lack of cleanliness throughout the facility which included (stains and spills on the flooring and walls); clutter/disorder and items in disarray in the clients' bedrooms (piles of clothing/shoes on the floor and in closets, items packed in garbage bags and vinyl containers and</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4419 CANAAN PLACE WINSTON-SALEM, NC 27105
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	Continued From page 22 their bedroom floors littered with other types of debris); safety hazards (an alarm system hanging by its wires from the wall) and multiple items in a state of disrepair (a missing closet door/pantry door knob, no light bulbs in lighting fixtures, and dressers with missing drawers). Because of these issues and the facility's failure to fully address these matters on a consistent basis since 2021, the clients had not been afforded the opportunity to reside in a facility with a home-like environment. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety, and welfare of the clients. If this violation 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 736		