

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-357</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>09/21/2023</b>
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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	<b>INITIAL COMMENTS</b>  A follow up survey was completed on 9/21/23. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and currently has a census of 4.  The survey sample consisted of audits of 3 current clients.	V 000	V536 1. Certificate for renewed NCI training will be updated in employees file	
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 course.	V 536	V736 1. Garage and front exterior finish will be cleaned/prepared. 2. Back decking boards will be repair and decking refinished 3. window screen replaced w/ shutter.	

DHSR - Mental Health  
OCT 23 2023  
Lic. & Cert. Section

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

TITLE

(X6) DATE

*Keshav Spauldy*

*Agency Director*

*10/9/23*

Division of Health Service Regulation

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V 536	<p>Continued From page 1</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</li> <li>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</li> </ol> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> <li>(1) Documentation shall include: <ol style="list-style-type: none"> <li>(A) who participated in the training and the outcomes (pass/fail);</li> </ol> </li> </ol>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 09/21/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHARPE AND WILLIAMS #3</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4419 CANAAN PLACE WINSTON-SALEM, NC 27105</b>
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V 000	INITIAL COMMENTS  A complaint and follow up survey was completed on 9/21/23. The complaint was substantiated (intake # NC00205259). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.  This facility is licensed for 6 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000	<u>V136</u>  1. vent cover will be cleaned 2. Folding door knob will be replaced. 3. Bathroom wall be repair & painted 4. light fixture will be cleaned 5. dresser drawer repair & clothing + personal items properly stored.	
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 be maintained in a safe, attractive, and orderly manner. The findings are:  Observation on 9/18/23 of the facility between 3:12 pm and 4 pm revealed: Living room: - The vent cover for the heating and air system was covered in dust Kitchen: - The folding door to the pantry was missing the knob used to open the door Client bathroom: - A rectangular area of the wall next to the bathroom sink was lighter in color (yellow/beige) than the remainder of the walls (green) in the bathroom	V 736	<u>V754</u>  1. heating & air condition unit has been repaired.	

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

TITLE

(X6) DATE

STATE FORM

6899

LI8H11

If continuation sheet 1 of 6

*Keith Spaully*

*Agency Director*

*10/9/23*

Division of Health Service Regulation

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>- Dried drip stains (yellowish in color) on the wall and behind the bathroom sink</li> <li>- Dried drip stains (yellowish in color) on the wall next to the wall light switch and beneath it</li> </ul> <p>Hallway bathroom:</p> <ul style="list-style-type: none"> <li>- The light fixture was covered with rust colored specks</li> </ul> <p>Empty client bedroom:</p> <ul style="list-style-type: none"> <li>- A drawer was missing from a four drawer dresser</li> </ul> <p>Client #2's bedroom</p> <ul style="list-style-type: none"> <li>- A two door wardrobe with the veneer coming loose from one side</li> </ul> <p>Client #3's bedroom:</p> <ul style="list-style-type: none"> <li>- A five drawer vinyl storage container with an amount of clothing/items stuffed into each drawer which did not allow the drawer to be closed completely</li> <li>- Clothing and other items strewn along the floor of the closet and in corners of the closet and spilling out of plastic containers</li> <li>- The top of a yellow dresser covered with the client's personal belongings, which included 18 pairs of sunglasses, lotion, hand sanitizer, drinking cups, a metal bowl, a stuffed animal and other items</li> <li>- Multiple pairs of shoes/sandals sitting against the wall and other items including stuffed animals sitting in a pile on the floor</li> </ul> <p>Interview on 9/19/23 and on 9/21/23 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- The facility employed a maintenance man who was responsible for making repairs at the facility</li> <li>- Since the last survey completed on 6/22/23, she had provided the maintenance man with photos of the areas of concern and he had been working to make all the repairs</li> <li>- When she visited the facility, she noted any</li> </ul>	V 736		