

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-380	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/25/2023
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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #8	STREET ADDRESS, CITY, STATE, ZIP CODE 937 GLENCOE STREET WINSTON SALEM, NC 27107
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(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
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V 000 INITIAL COMMENTS

An annual and follow up survey was completed on 10/25/23. 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 5 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.

V 108 27G .0202 (F-I) Personnel Requirements

10A NCAC 27G .0202 PERSONNEL REQUIREMENTS

- (f) Continuing education shall be documented.
- (g) Employee training programs shall be provided and, at a minimum, shall consist of the following:
 - (1) general organizational orientation;
 - (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;
 - (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and
 - (4) training in infectious diseases and bloodborne pathogens.
- (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.

V 108

V 108
The director will make sure all staff are properly trained and training is done in a timely manner. *11-30-23*

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 108 Continued From page 1

(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure staff met personnel requirements affecting 1 of 3 audited staff (staff #2). The findings are:

Review on 10/25/23 of staff #2's record revealed:

- A hire date of 6/14/22
- No evidence staff #2 had received training to meet the mental health (mh)/developmental disabilities (dd)/substance abuse (sa) needs of the client as specified in their treatment/habilitation plan
- A certificate dated 6/15/22 which reflected staff #2 had received training in bloodborne pathogens; however, the name of the trainer was not listed on the certificate

Interview on 10/25/23 with the Qualified Professional revealed:

- The owner (a medical professional) "does the training" in First Aid/CPR and bloodborne pathogens
- She would attempt to get the proper certificates from the owner to reflect the staff #2 had received training in bloodborne pathogens
- She would address staff #2's additional training needs

V 108

V108

The qualified professional informed the owner of the certificates to obtain proper certifications 11-3-23

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V 118 Continued From page 2

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

V 118

V118

- All medications are administered by authorized Personal

- Non prescription medication are not present in the home. 11-3-23

- over the counter medication will be removed from the home if found. 11-3-23

- The qualified professional will print paper MARs to have present in the home. 11-3-23

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V 118	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff had been trained in medication administration by a licensed person, or unlicensed person trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications affecting 1 of 3 audited staff (#2). The findings are: Review on 10/25/23 of staff #2's record revealed: - A hire date of 6/14/22 - A certificate dated 6/15/22 which reflected staff #2 had received training in medication administration; however, the name of the trainer was not listed on the certificate Interview on 10/25/23 with staff #2 revealed: - She had received training in medication administration from the facility's Human Resources (HR) Director Interview on 10/25/23 with the Qualified Professional revealed: - The HR Director was responsible for ensuring staff received all of their required trainings; however, he would not have provided training in medication administration training to staff #2 - The owner of the facility (a medical professional) was responsible for providing staff with training in medication administration and could provide the proper documentation - She would attempt to obtain the training certificate from the owner	V 118		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum	V 290		

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V 290 Continued From page 4

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 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

V 290

V290

- The qualified Professional ~~staff~~ will make sure staff is always present at the home. 11-3-23

- The ~~home~~ facility has staff (meal tech) to give staff a break, so that there is always staff at the home. 11-3-23

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V 290	<p>Continued From page 5</p> <p>(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 observation, record review and interview, the facility failed to ensure clients were capable of having unsupervised time in the community without supervision affecting 1 of 3 clients (#2). The findings are:</p> <p>Observation on 10/19/23 at 3:43 pm revealed:</p> <ul style="list-style-type: none"> - Staff #1 and client #1 were the only individuals present in the facility <p>Interview on 10/19/23 with staff #1 revealed:</p> <ul style="list-style-type: none"> - Clients (#1 and #2) had gone to the movies together - No staff had accompanied them to the movies <p>Review on 10/23/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 8/1/22 - Diagnoses: Schizophrenia D/O (Disorder); Hypertension and Diabetes - A treatment plan dated 10/5/23 and completed by the Qualified Professional (QP) which reflected "...Per Unsupervised Assessment Tool resident will remain in the community unsupervised for a period of 5 hours. Resident will remain safe and free from injury while in the community..." <p>Interview on 10/24/23 with client #1 revealed:</p> <ul style="list-style-type: none"> - Confirmation that she and client #2 had gone 	V 290	<p><i>V290</i></p> <p><i>The qualified professional will update the residents unsupervised time and plan to reflect current baseline.</i></p> <p><i>11-3-23</i></p>	
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V 290	<p>Continued From page 6</p> <p>to the movies without staff present on 10/19/23</p> <ul style="list-style-type: none"> - She and client #2 watched the movie until they became "bored" and then she and client #2 returned to the facility without incident <p>Review on 10/23/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 11/1/18 - Diagnoses of Paranoid Schizophrenia; Moderate Intellectual Disability; Unspecified Mood D/O; Esophageal Reflux and Obesity, Unspecified - A treatment plan dated 10/5/23 and completed by the QP which documented that "...Per Unsupervised Assessment Tool resident will remain in the community unsupervised for a period of 0 hours. Resident will remain safe and free from injury while in the community..." <p>Interview on 10/24/23 with client #2 revealed:</p> <ul style="list-style-type: none"> - She and client #1 went to the movies with no staff present on 10/29/23 - She could go into the community without staff; however, she had to call her guardian and get permission from her before she went anywhere with anyone - "I just don't up and leave." <p>An email conversation with the QP on 10/23/23 revealed:</p> <ul style="list-style-type: none"> - When asked if client #2 had unsupervised time in the community the QP responded, "Yes that is correct she does not have unsupervised time. Her guardian allows her to go on outing and she emails and let us know who she gave her permission to go with. When she is out like that, she is supervised by the person she is with or their parent or guardian..." <p>Interview on 10/25/23 with the QP revealed:</p>	V 290		
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V 290 Continued From page 7

- 10/29/23 was the first time that clients (#1 and #2) had gone to the movies together
- She received a telephone call from client #2's guardian who reported that she had given client #2 permission to go to the movies
- When client #2 was assigned a new guardian, she attempted to talk with her about her ability to have unsupervised time in the community and what her previous guardian had allowed
- The guardian was unwilling to listen to what the facility's responsibilities were related to when and how often a client could be in the community without staff present
- "She cut us off, y'all ain't gotta call and explain anything to me, nobody can pull the wool over my eyes..."
- She would contact the guardian and attempt to address the matter with her again

V 290

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, clean, attractive and orderly manner affecting 3 of 3 clients (#1, #2 and #3). The findings are:

Observation of the facility on 10/19/23 at 3:43 pm revealed:

Storm door:

V 736

V-736
- The in-house maintenance is currently working on maintenance issues in the facility. 11-3-23

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V 736	<p>Continued From page 8</p> <ul style="list-style-type: none"> - The pane was missing from the top portion of the storm door <p>Client #3's bedroom:</p> <ul style="list-style-type: none"> - The bedroom door's bottom door hinge was not connected to the door frame <p>Client #2's bedroom;</p> <ul style="list-style-type: none"> - The flooring was heavily scratched - Numerous burn marks present on the top of a gray hard plastic storage/shelving unit <p>Room #4 (empty)</p> <ul style="list-style-type: none"> - A brown/black stained area near the air vent in the ceiling - Broken or bent slats in the mini blinds hanging in the two windows in the bedroom <p>Door leading to the backyard:</p> <ul style="list-style-type: none"> - The door is stained along the side the door near the door knob and going upwards towards the top of the door - Dried drip stains (light brown in color) beginning near the door knob and continuing down towards the floor <p>Hallway bathroom:</p> <ul style="list-style-type: none"> - A hole in one of the four soap shelves in the shower <p>Kitchen:</p> <ul style="list-style-type: none"> - Sink filled with unwashed dishes - A non-stick fry pan crusted over with the burnt/brown remnants of an indistinguishable food (possible beans or chili) sitting on the kitchen counter near the sink - Broken and bent slats in the mini blinds in the window facing the front yard of the facility <p>Smoke Detector</p>	V 736	<p>V736 - The in house maintenance is currently working on maintenance issues 11-3-23</p>	
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V 736	<p>Continued From page 9</p> <ul style="list-style-type: none"> - The top of the smoke detector was hanging by wires from the detector's mounting box attached to the ceiling - The smoke detector chirped approximately every 30 seconds <p>Interview on 10/20/23 with staff #1 revealed:</p> <ul style="list-style-type: none"> - The Assistant to the Qualified Professional (AQP) took note of the items that needed repair and forwarded the information on to the facility's maintenance man <p>Interview on 10/25/23 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - The facility employed a maintenance man who was responsible for making repairs at the facility - He would "price out the cost" of the needed repairs and she reported this to the owner; however, the repairs could not be completed until the owner put money on a card for him to use to purchase the supplies needed to complete the repairs - There were plans to have the storm door removed due to it's condition - Client #3 had broken her door due to her continually slamming it - There were plans to remove the shelving unit from client #2's bedroom; however, she wanted to wait until a replacement had been secured on client #2's behalf before taking the damaged shelving/storage unit out of her bedroom - Mini blinds had been purchased for the facility with plans for the maintenance man to install them as soon as possible - Thursdays was the day that groceries/supplies were delivered to the facility and staff #1 may have been waiting on dish detergent and batteries to be delivered so she could wash the dishes and replace the battery in 	V 736	<p><u>V736</u> - in-house maintenance will replace batteries in the smoke detector.</p>	11-3-23
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V 736	Continued From page 10 the smoke detector - The male clients who previously resided in the facility had done a lot of damage to the facility and attempts were being made to make the necessary repairs This deficiency has been cited 4 times since the original cite on 11/15/19 and must be corrected within 30 days.	V 736		
V 744	27G .0304(b) Safety 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. This Rule is not met as evidenced by: Based on interview and observation, the facility staff failed to ensure the facility was designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors affecting 3 of 3 clients (#1, #2 and #3) The findings are: Observation on 10/19/23 of the facility at 3:43 pm revealed: - A corded phone sitting on a small table in the living room - No dial tone could be heard when the phone's handset was picked up Observation on 10/24/23 at 3:30 pm revealed - Clients (#1 and #2) each had cell phones	V 744	<p><i>V744</i> <i>- Phone will be fixed.</i></p>	<p><i>11-3-23</i></p>

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V 744	<p>Continued From page 11</p> <p>they were using to make and receive personal telephone calls</p> <p>Interview on 10/24/23 with client #1 revealed:</p> <ul style="list-style-type: none"> - The facility's telephone did not work - She could use client #2's cell phone when needed <p>Interview on 10/24/23 with client #2 revealed:</p> <ul style="list-style-type: none"> - The facility's telephone did not work - She had her own cell phone which she allowed client #1 to use if she needed <p>Interview on 10/19/23 with client #3 revealed:</p> <ul style="list-style-type: none"> - The facility's telephone did not work - She did not have a working cell phone of her own but would like one <p>Interview on 10/20/23 with staff #1 revealed:</p> <ul style="list-style-type: none"> - Confirmation the facility's landline telephone did not work - Could not provide a timeline for how long the telephone phone had been unavailable for use - She allowed the clients to use her personal cell phone if needed <p>Interview on 10/25/23 with staff #2 revealed:</p> <ul style="list-style-type: none"> - When she last worked at the facility on 10/12/23; the telephone was not working - She was not sure why; however, client #2 may have damaged the cord to the telephone or the telephone itself - Client #2 had a history of throwing the telephone if she became upset while speaking with her sister/legal guardian; even throwing it outside into the front yard <p>Interview on 10/25/23 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - She was unsure what was going on the 	V 744		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-380	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/25/2023
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NAME OF PROVIDER OR SUPPLIER SHARPE AND WILLIAMS #8	STREET ADDRESS, CITY, STATE, ZIP CODE 937 GLENCOE STREET WINSTON SALEM, NC 27107
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(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
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V 744	Continued From page 12 facility's telephone as she had not had an opportunity to get to the facility to check on it - It may be because of client #2's damaging the cord or the phone itself as she had a history of engaging in property destruction, including the telephone when she became upset	V 744	<p><i>V744</i> <i>The qualified professional 11-3-23</i> <i>will check the phone</i></p>	
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