STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		DENTITION NOMBER.	A. BUILDING:			
		MHL034-324	B. WING		R-C 11/29/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
SHARPE	AND WILLIAMS #3		NAAN PLACE N-SALEM, NC	27105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	S	V 000			
	A complaint and follow up survey was completed on 11/29/23. The complaint was substantiated (intake # NC00208622). Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.					
		ed for 6 and has a current urvey sample consisted of ent clients.				
V 736	27G .0303(c) Facili	y and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	03 LOCATION AND REMENTS i its grounds shall be e, clean, attractive and orderly e kept free from offensive				
		on and interview, the facility ned in a safe, attractive, and				
	Observation of the 1 12:11 pm and 12:22	facility on 11/28/23 at between ? pm revealed:				
	Living room: - The vent cover was covered in dus Kitchen:	for the heating and air system t				
	 The folding doc the knob used to op Client bathroom: A rectangular a 	r to the pantry was missing ben the door rea of the wall next to the lighter in color (yellow/beige)				
		of the walls (green) in the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING			R-C 11/29/2023	
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE. ZIP CODE		20/2020
			NAAN PLACE			
SHARPE	AND WILLIAMS #3	WINSTO	N-SALEM, NC	27105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pa	ge 1	V 736			
	 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 Three paper tubes from the inside of the rolls of toilet paper lying on the floor of the bathroom along with other debris (pieces of paper, leaves, etc.) Hallway bathroom: The light fixture was covered with rust colored specks The toilet with filled with urine and toilet paper and the bone from a piece of poultry 					
	amount of clothing/ which did not allow completely - Clothing and ot bedroom floor	n: nyl storage container with an items stuffed into each drawer the drawer to be closed her items strewn on the ^f clothing on the floor of the				
	 The top of a yell client's personal be several drinking cup sunglasses, hand a animal, photograph Multiple pairs of the wall and other it sitting in a pile on th Client #3's bedroom 	n: drobe with the veneer coming				
	- She attempted she could	23 with staff #1 revealed: to keep the facility as clean as n with client #2 about the				

STATE FORM

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If continuation sheet 2 of 5

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			R-C
		MHL034-324	B. WING			29/2023
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
HARPE	AND WILLIAMS #3			27405		
		TEMENT OF DEFICIENCIES	N-SALEM, NC	27105 PROVIDER'S PLAN OF	CORRECTION	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From page 2		V 736			
	any good - Client #2 had a her room when she Interview on 11/29/2 Professional reveal - The facility had "bounced around fr facilities)" making re - She advised the needed at the facility - Confirmation of regarding client #2's - It had always be keep her room clea - Staff would wor clean while she was however, client #2 v way - Was "frustrating refuse to keep her they had assisted h - Staff had place however, client #1 h keep it - Client #1 had p she believed it kept	a maintenance may who om house to house (sister epairs e Licensee of the repairs by ne clients were responsible for clean i what staff #1 reported s bedroom een a problem for client #2 to n and in order k to get client #2's room s at her day program; would then fail to keep it that g" for staff to see client #2 room clean; especially, after er in getting it order d the bone in the trash; had retrieved it and wanted to laced the bone in the toilet as				
		/21 and must be corrected				
V 744	27G .0304(b) Safet	у	V 744			
	10A NCAC 27G .03 EQUIPMENT	04 FACILITY DESIGN AND				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-324		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING			R-C 11/29/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
SHARPE	AND WILLIAMS #3		NAAN PLACE N-SALEM, NC	27105		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 744	Continued From pa	ge 3	V 744			
	constructed and eq	cility shall be designed, uipped in a manner that al safety of clients, staff and				
	failed to be equippe	et as evidenced by: ion and interview, the facility ed in a manner that ensured of clients, staff and visitors.				
		28/23 at 12:22 pm revealed: phone (landline) located in the				
	- The facility tele	with client #1 revealed: phone was not working phone for her own personal had misplaced it				
	- The facility tele	23 with client #2 revealed: phone was not working phone for her own personal				
	An attempt to interv unsuccessful as sh interviewed	view client #3 was e did not wish to be				
	The facility's teShe believed it	23 with staff #1 revealed: lephone was not working had something to do with a change in the facility's				
	Interview on 11/29// Professional (QP) r ealth Service Regulation	23 with the Qualified evealed:				

STATE FORM

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL034-324	B. WING			-C 29/2023
IAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	AND WILLIAMS #3	4419 CAN	AAN PLACE			
	AND WILLIAMS #5	WINSTON	I-SALEM, NC	27105		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 744	Continued From pa	ge 4	V 744			
	not working - There had been facility's internet pro- impacted the facility - She would cheen	are the facility's telephone was n a recent change in the byider which may have y's landline ck to see if the phone was hen she visited the facility on				
sion of He	ealth Service Regulation					

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