

Division of Health Service Regulation

|   |  |  |  |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>MHL073-074</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>11/22/2024</b> |
|---|--|--|--|

|  |  |
|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHARPE AND WILLIAMS EDENS HOME #1</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>219 NORTH FOUSHEE STREET<br/>ROXBORO, NC 27573</b> |
|--|--|

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   | (X5)<br>COMPLETE<br>DATE |
|--------------------------|--|---------------------|--|--------------------------|
| V 000                    | <p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on November 22, 2024. The complaints were substantiated (Intakes #NC00223963 &amp; #NC00224140). 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>This facility is licensed for 6 and has a current census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.</p>   | V 000               | <p>V107- All personnel records have been recovered and updated.</p> <p>V112- All clients treatment plans and unsupervised assessments will be updated</p> <p>V113- All consents for treatment have been updated in files</p>   |                          |
| V 107                    | <p><b>27G .0202 (A-E) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> <li>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;</li> <li>(2) specifies the duties and responsibilities of the position;</li> <li>(3) is signed by the staff member and the supervisor; and</li> <li>(4) is retained in the staff member's file.</li> </ul> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> <li>(1) is at least 18 years of age;</li> <li>(2) is able to read, write, understand and follow directions;</li> <li>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</li> </ul> | V 107               | <p>V115- menu has be displayed and meals are prepared daily.</p> <p>V118- All medication orders will be written and administered according to the order. All medications will be administered according to standard.</p> <p>V 290- All clients will be supervised according to treatment plan.</p> <p>V513- clients will have access to common areas of the facility</p> <p>V736- pantry door is repaired mattress has been purchased.</p> |                          |

RECEIVED

FEB 03 2025

DHSR-MH Licensure Sect

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

TITLE

(X6) DATE

STATE FORM

6899

QHL111

If continuation sheet 1 of 28