STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
			B. WING		R-	
		MHL034047	D. WING		01/3	0/2025
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA			
THE ENRI	CHMENT CENTER		'H MARSHALL SALEM, NC 2'			
()(1) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	· ·	PROVIDER'S PLAN OF CORRECTION	.1	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	A complaint and follow on January 30, 2025. unsubstantiated (intal Deficiencies were cite	ke #NC00225194).				
	This facility is licensed for the following service categories: 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups and 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups.					
	census of 90. The .51 Services has a currer Day Activity Program The survey sample co	d for 0 and has a current 100 Community Respite nt census of 0 and the .5400 has a current census of 90. consisted of audits of 9 former clients in the .5400				
V 750	27G .0304(b)(3) Mair Water Systems	ntenance of Elec., Mech., &	V 750			
	EQUIPMENT (b) Safety: Each facil constructed and equipensures the physical visitors.	pped in a manner that safety of clients, staff and nechanical and water				
		n and interview, the facility water system in operating				

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

TITLE (X6) DATE

DIVISION	n Health Service Negu	lation	_			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLE	ETED	
				_B ,	_	
MIII 024047		B. WING		R-		
		MHL034047	B: Wilto		01/3	0/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1006 SQL	ITH MARSHALL	STREET		
THE ENRI	CHMENT CENTER		I SALEM, NC 2			
			TOALLIN, NO 2			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
			1,,===			
V 750	Continued From page	e 1	V 750			
	Observation of the fac	cility on 1/28/25 beginning at				
	11:10 am revealed:	omty on 1/20/20 boginning at				
		oom located in the purple				
		est to a side wall did not				
		water although Staff #2				
		ner hand in front of the				
		o turn on the sink water.				
		n located in the purple				
	hallway, the first sink closest to the exit/entry door had drips of water coming from the faucet. The middle sink did not operate with water although					
		waved her hand in front of				
	the motion sensor.	waved her hand in none of				
	the motion sensor.					
	Interview on 1/20/25	with Client #1 revealed:				
		oken. They don't work				
	, ,					
	have been that way	lorever.				
	Interview on 1/20/25	with Client #2 revealed:				
	-"One of the sinks in t					
	•					
	restroom is on the fritz. It's the middle sink. The					
	sink is not coming on	with water.				
	Interview on 1/20/25	with Client #6 revealed:				
	Interview on 1/29/25 with Client #6 revealed: -"Sometimes they (sinks) work. Sometimes they					
		ny hands and no water. I go				
	to (the) next sink."	ly fiallus and no water. I go				
	to (tile) flext silk.					
	Interview on 1/20/25	with Client #7 revealed:				
		to wash my hands off in the				
		water pressure. I told the				
	out sick."	aff) about it but he's been				
		or of Innovations Consises.				
		or of Innovations Services]				
	about this but I should	u nave.				
Interview on 1/30/25 with Client #8 revealed:						
	-"I noticed some sinks	s nau no water.	1			

Division of Health Service Regulation

STATE FORM M9B211 If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MHL034047		B. WING		R-C 01/30/2025		
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE. ZIP CODE	1 01/30/2023	
THE ENRI	CHMENT CENTER		H MARSHALL			
THE LINK	CHWENT CENTER	WINSTON	SALEM, NC 2	7101		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMP	LETE
V 750	Continued From page	2	V 750			
	Interview on 1/28/25 with Staff #2 revealed: -The batteries to the sinks with motion-sensors needed to be replaced the reason there was little to no water coming from the sinksThe frequency of some restroom sinks being used (1 sink over another sink) by individual clients might have contributed to less battery powerShe or the janitor could replace the sink batteriesThe sinks were checked every day by the janitor to ensure they (the sinks) were working but the janitor was out of work yesterday and today. Interview on 1/28/25 with the Director of Innovation Services revealed: -She would follow up to determine if the batteries needed to replace on the sinks' motion sensorsShe would inform the Facility Director of this issue.					
V 752	EQUIPMENT (b) Safety: Each facil constructed and equipensures the physical visitors. (4) In areas of exposed to hot water water shall be maintadegrees Fahrenheit. This Rule is not met Based on observation failed to maintain the	ity shall be designed, oped in a manner that safety of clients, staff and the facility where clients are the temperature of the ined between 100-116	V 752			

Division of Health Service Regulation

STATE FORM 6899 M9B211 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S	
			R-C			
		MHL034047	B. WING		01/3	0/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ITE, ZIP CODE		
THE ENRI	CHMENT CENTER		TH MARSHALL			
			SALEM, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 752	Continued From page	e 3	V 752			
	where clients are exp findings are:	osed to hot water. The				
	Observation of the factorial 11:10 am revealed:	cility on 1/28/25 beginning at				
		oom located in the hallway d classroom with 2 sinks had				
		e of 82 degrees Fahrenheit				
	(F) in the first sink and 83 degrees F in the second sink.					
	-In the men's restroom located in the hallway					
	beside the Peach Pod classroom with 2 sinks had					
	hot water temperature of 86 degrees F in both sinks.					
		the Peach Pod classroom ater temperature of 86				
	degrees F.	ater temperature or oo				
		entry door in the Green Pod rature of 126 degrees F.				
	-The women's restroc					
		ay with 3 sinks had 2 of 3				
		r temperature of 86 degrees e middle of the 3 sinks and				
	_	closest to the personal care				
	-The men's restroom	located in the				
	purple-colored hallway with 3 sinks had the					
	middle sink with a temperature of 86 degrees F.					
	The sink closest to the wall which separated the sink and a urinal had a water temperature of 120					
	degrees F.	·				
	Interview on 1/28/25	with Client #4 revealed:				
	-"(The) water in (the)	sink in the men's room has				
	cold water. It's disgus	sting." le location of the men's				
	_	the cold-water temperature.				
	Interview on 1/30/25	with Client #8 revealed:				

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-"All (facility) sinks are working but sometimes it's

STATE FORM M9B211 If continuation sheet 4 of 5

NAME OF PROVIDER OR SUPPLIER THE ENRICHMENT CENTER 100 S DUTH MARSHALL STREET WINSTON SALEM, NO. 27101 PREPRIX TAG PREPRIX TAG SUMMARY STATEMENT OF DEFICIENCINGS ID PROVIDERS PLAN OF CORRECTION PROJULE PRECEDED BY PULL PREPRIX TAG V 752 Continued From page 4 cold waiter." Interview on 1/30/25 with the Facility Director revealed: -She has had plumbing company from 10/31/24-11/725 revealed efforts made to correct the facility water temperaturesShe called a plumbing company from 10/31/24-11/725 revealed efforts made to correct and maintain the water temperaturesShe called a plumbing company from 10/31/24-11/725 revealed efforts made to correct and maintain the water temperaturesShe called a plumbing company from 10/31/24-11/725 revealed efforts made to correct and maintain the water temperaturesShe called a plumbing company from 10/31/24-11/725 revealed efforts made to correct and maintain the water temperaturesShe called a plumbing company from 10/31/24-11/725 revealed efforts made to correct and maintain the water temperaturesShe called a plumbing company forth 10/31/24-11/725 revealed efforts made to correct and maintain the water temperaturesShe called a plumbing company today to send out a different plumber to get this problem addressed"I don't know what's happening." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SUR COMPLETI					
NAME OF PROVIDER OR SUPPLIER THE ENRICHMENT CENTER (X4) ID PREFIX TAGS (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 752 Continued From page 4 cold water." Interview on 1/30/25 with the Facility Director revealed: -She has had plumbing companies coming out to correct the facility water temperatures since October 2024Two water heaters had been installed and the temperatures have reached between 100-116 degrees F4 written invoices from a plumbing company from 10/31/24-11/7/25 revealed efforts made to correct and maintain the water temperaturesShe called a plumbing company today to send out a different plumber to get this problem addressed"I don't know what's happening." This deficiency constitutes a re-cited deficiency					R-C			
THE ENRICHMENT CENTER 1006 SOUTH MARSHALL STREET WINSTON SALEM, NC 27101 (24) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (ACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECT			MHL034047	B. WING		l l		
CALC DEPICIENCY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DEFICIENCY) COMPLETE DEFICIENCY V 752	NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DEFICIENCY) V 752 Continued From page 4 Cold water."	THE ENRI	CHMENT CENTER						
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, i i i i i i i i i i i i i i i i i i i	V 752	cold water." Interview on 1/30/25 revealed: -She has had plumbin correct the facility wa October 2024Two water heaters h temperatures have redegrees F4 written invoices from 10/31/24-1/7/25 correct and maintain -She called a plumbir out a different plumber addressed"I don't know what's	with the Facility Director ng companies coming out to ter temperatures since ad been installed and the eached between 100-116 om a plumbing company revealed efforts made to the water temperatures. ng company today to send er to get this problem happening."	V 752	DEFICIENC			

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