PRINTED: 01/31/2025 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C MHL034047 01/30/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1006 SOUTH MARSHALL STREET THE ENRICHMENT CENTER WINSTON SALEM, NC 27101 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint and follow-up survey was completed on January 30, 2025. The complaint was RECEIVED unsubstantiated (intake #NC00225194). Deficiencies were cited. FEB 2 4 2025 This facility is licensed for the following service categories: 10A NCAC 27G .5100 Community **DHSR-MH** Licensure Sect Respite Services for Individuals of All Disability Groups and 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups. V750 - Plumber will be brought in This facility is licensed for 0 and has a current replace all faulty faucets to ensure census of 90. The .5100 Community Respite Services has a current census of 0 and the .5400 participants have access to a Day Activity Program has a current census of 90. dependable running water source The survey sample consisted of audits of 9 current clients and 2 former clients in the .5400 restrooms so they are able to Day Activity Program. wash their hands, (all restrooms had at least one running sink) V 750 27G .0304(b)(3) Maintenance of Elec., Mech., & V 750 Water Systems - Designated Staff will check systems to ensure that 10A NCAC 27G .0304 FACILITY DESIGN AND maintenance is not needed sign 2/28/2025 **EQUIPMENT** off weekly. (b) Safety: Each facility shall be designed. constructed and equipped in a manner that - Any report of a faucet not ensures the physical safety of clients, staff and working will be followed up on visitors. within one working day by a (3)Electrical, mechanical and water member of the Safety Committee systems shall be maintained in operating (or designee). condition. - Safety committee will check documentation of checks monthly to maintain accuracy and

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Based on observation and interview, the facility failed to maintain the water system in operating

This Rule is not met as evidenced by:

condition. The findings are:

accountability.

M9B211

STATE FORM

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL034047	B. WING		R-C 01/30/2025
	ROVIDER OR SUPPLIER	1006 SOU	DRESS, CITY, ST TH MARSHAL SALEM, NC	L STREET	
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 750	Observation of the fact 11:10 am revealed: -In the women's restrohallway, the sink close operate with running worth continuously waved himotion sensor used to reduce the first sink what drips of water commiddle sink did not op Staff #2 continuously the motion sensor.  Interview on 1/29/25 w "Some (sinks) are brownhave been that way Interview on 1/29/25 w -"One of the sinks in the restroom is on the fritz sink is not coming on which is not coming on the first sink is not com	cility on 1/28/25 beginning at soom located in the purple sest to a side wall did not water although Staff #2 ser hand in front of the turn on the sink water. In located in the purple closest to the exit/entry door ning from the faucet. The erate with water although waved her hand in front of with Client #1 revealed: ken. They don't work forever."  With Client #2 revealed: the Green Pod men's set. It's the middle sink. The with water."  With Client #6 revealed: ke) work. Sometimes they by hands and no water. I go  With Client #7 revealed: to wash my hands off in the water pressure. I told the water pressure pressure pressure. I told the water pressure	V 750		

Division of Health Service Regulation

Division of	Division of Health Service Regulation							
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL034047	B. WING		R-C 01/30/2025			
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE				
TANKE OF T	(OVIDER ON OUT FEEL)		TH MARSHALL					
THE ENRI	CHMENT CENTER	WINSTOR	SALEM, NC 27	7101				
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE			
V 750	Continued From page 2		V 750					
	Interview on 1/28/25 or The batteries to the seneeded to be replaced to no water coming from the frequency of sor used (1 sink over and clients might have compower.  -She or the janitor combatteries.  -The sinks were check to ensure they (the single janitor was out of word Interview on 1/28/25 or Innovation Services resche would follow up needed to replace on	with Staff #2 revealed: sinks with motion-sensors d the reason there was little om the sinks. me restroom sinks being other sink) by individual intributed to less battery ald replace the sink ked every day by the janitor inks) were working but the k yesterday and today. with the Director of						
∨ 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, pped 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

M9B211

R-C

01/30/2025

Division of Health Service Regulation (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: \_ B. WING MHL034047

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## THE ENRICHMENT CENTER

## 1006 SOUTH MARSHALL STREET

WINSTON SALEM, NC 27101  (VA) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)								
(X4) ID PREFIX TAG	(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 DATE				
V 752	Continued From page 3 where clients are exposed to hot water. The findings are:  Observation of the facility on 1/28/25 beginning at 11:10 am revealed: -In the women's restroom located in the hallway beside the Peach Pod classroom with 2 sinks had hot water temperature of 82 degrees Fahrenheit (F) in the first sink and 83 degrees F in the second sinkIn 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 sinksThe restroom inside the Peach Pod classroom with 1 sink had hot water temperature of 86 degrees FA sink closest to the entry door in the Green Pod had hot water temperature of 126 degrees FThe women's restroom located in the purple-colored hallway with 3 sinks had 2 of 3 sinks with a hot water temperature of 86 degrees F. One sink was in the middle of the 3 sinks and one sink was located closest to the personal care roomThe 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 disgusting." -He did not identify the location of the men's restroom which with the cold-water temperature.	V 752	V 752 - Continued consultation with plumbers to ensure that water temperatures reach and remain within the safe range of 100-116 degrees F.  - Staff will be assigned to check sinks with a thermometer to ensure adjustments are not needed and sign off weekly.  - Any weekly check that does not fall between 100-116 degrees F. will be reported to the Safety Commitee (or designee) for immediate follow-up.  - Safety committee will review sign-off sheets monthly to ensure accuracy and accountability.	2/28/202				

M9B211

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ R-C 01/30/2025 B. WING\_ MHL034047 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1006 SOUTH MARSHALL STREET THE ENRICHMENT CENTER WINSTON SALEM, NC 27101 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG V 752 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 2024. -Two water heaters had been installed and the temperatures have reached between 100-116 degrees F. -4 written invoices from a plumbing company from 10/31/24-1/7/25 revealed efforts made to correct and maintain the water temperatures. -She 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.

Division of Health Service Regulation STATE FORM

M9B211