

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080087</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/27/2026</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SEDGEFIELD HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1201 BEARD STREET SALISBURY, NC 28144</b>
--	---

(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
V 000	INITIAL COMMENTS  An annual survey was completed on March 27, 2026. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000	V000: NA	
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, record review and interview, the facility failed to be maintained in a safe manner. The findings are:  Observation on 3/25/26 of the facility from 3:11 pm to 3:45 pm revealed: -An oval-shaped area in the living room floor near the interior front door which exposed the subfloor and was approximately 16" x 8" in size. -A linear area in in the living room floor in front of the brown lounge chair which exposed the subfloor and was approximately 15" x 1" in size. -A black colored substance lined the bottom left floor of Client #2's walk-in shower and ranged from the front of the shower to the back of the shower floor. -A line of grout with a black substance on the grout was peeled back from the tile in a linear	V 736	V736: It was observed the living room area was a oval shaped exposed subfloor area. QP will address with maintenance technician to repair the area of concern. Ths will be monitored monthly by conducting environmental and safety assessments.  V736: It was observed in client a black colored substance in client#2 walk in shower. QP will in-service staff regarding utilizing proper cleaning items as well as cleaning after each use of showering. This will be monitored by conducting monthly enviromental and safety assessments.	05/26/26  05/26/26

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*KC Hampton, Executive Director*  
STATE FORM 6899 TITLE (X6) DATE  
*4/6/2026*  
31W211 If continuation sheet 1 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080087</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/27/2026</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SEDGEFIELD HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1201 BEARD STREET SALISBURY, NC 28144</b>
--	---

(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
V 736	<p>Continued From page 1</p> <p>manner and was located between the first and second set of tiles on the bottom left shower floor.</p> <p>Observation on 3/25/26 at approximately 11:30 am of Client #2 revealed: -She used a wheelchair for mobility inside the facility.</p> <p>Review on 3/25/26 of Client #2's medications revealed: -Loratadine 10 milligrams, 1 tablet every day for allergies.</p> <p>Interview on 3/25/26 with Client #2 revealed: -Her throat had been hurting. -She had allergies.</p> <p>Interview on 3/25/26 with Staff #1 revealed: -She had been working at the facility as a direct care staff for "over 3 months." -The two areas in the living room floor had been "like that" since she began working at the facility. -Client #2 pointed to her throat which indicated her throat was hurting her and the finding from Client #2's doctor visit was that she had allergies.</p> <p>Interview on 3/25/26 with Staff #2 revealed: -She was Client #2's one-on-one staff during 1st shift. -Client #2 had complained of her throat hurting and was taken to a doctor earlier on 3/25/26 where she was diagnosed with allergies and prescribed medication. -2nd shift staff usually gave Client #2 her shower. -The areas in the living room floor had been that way since she started in August 2025. -She believed the areas where the subfloor was exposed came from Client #2's wheelchair having moved over the areas "multiple times."</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080087</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/27/2026</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SEDGEFIELD HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1201 BEARD STREET SALISBURY, NC 28144</b>
--	---

(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
V 736	<p>Continued From page 2</p> <p>Interview on 3/25/26 with Staff #4 revealed: -She was working as 2nd shift PRN (as needed) staff. -She had taken photos of Client #2's shower the previous day (3/24/26) and sent the photos to the Mentor to show how much "black mold" was in Client #2's walk-in shower. -She cleaned Client #2's shower as much as she could but there was still "black mold" at the back of the metal shelving unit in the corner because she could not reach that area.</p> <p>Interview on 3/27/26 with the Qualified Professional (QP) revealed: -She started as a QP on 11/10/25. -The Group Home Manager was responsible for conducting the environmental safety check of the facility and making her (QP) aware of any issues or concerns. -She believed there was a work order submitted for the repair of the facility's living room floor but the Regional Business Manager was not at work to confirm this order. -She was aware facility staff had complained about there being either "mold or mildew" in Client #2's shower. She knew staff had been cleaning Client #2's bathroom.</p> <p>Interview on 3/27/26 with the Executive Director revealed: -She would follow up about the facility's living room floor and Client #2's shower.</p>	V 736		