Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			D WING		F			
		FCL060153	B. WING		05/3	31/2018		
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
HOUSE	HOUSE OF PEACE FAMILY CARE HOME  3505 ORIOLE PLACE CHARLOTTE, NC 28269							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	ROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD BE S-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
C 000 Initial Comments			C 000					
	Mecklenburg Coun	ensure Section and the ty Department of Social d an annual and follow-up						
C 176	10A NCAC 13G .05 Cardio-Pulmonary I	•	C 176					
	staff person on the completed within the cardio-pulmonary remanagement, inclusion provided by the Amagerican Red Cross American Safety are First Aid, or by a tracertification as a traffrom one of these coperson on site has incapable of performance.							
	facility failed to asso on the premises at course on cardio-po and choking manage	et as evidenced by: eviews and interviews, the ure at least one staff person all times had completed a ulmonary resuscitation (CPR) gement, including the Heimlich ne last 24 months for 1 of 3	1					
	The findings are:							
	Review of Staff A's	personnel file revealed:						

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			7. DOILDING.		F	R	
		FCL060153	B. WING			1/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
HOUSE OF PEACE FAMILY CARE HOME 3505 ORIOLE PLACE CHARLOTTE, NC 28269							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	(X5) COMPLETE DATE		
	12/19/15There was docume completing a CPR of expiration date of 0 Interview with Staff revealed: -She had worked at 2015She worked in the 7am-3pm, and every she was notified by ago" that her certificular certificular she remembered and infantsShe continued to we complete the continued to we complete the complete the continued to we complete the	A on 05/31/18 at 2:15pm  t the facility as a MA since facility Tuesday and Thursday ry other weekend 7am-7pm. y the Administrator "2 weeks					
	worked at the facilit Review of the staff revealed Staff A wo shifts since her CPI Interview with the S 05/31/18 at 3:15pm -She and the Admir auditing staff record -She noticed Staff A expired "a few weel -Staff A had registe certification course Interview with the A 12:15 pm revealed: -She knew at least premises must be 0	schedule for May 2018 rked alone in the builing for 12 R certification expired.  Supervisor in Charge (SIC) on revealed: histrator were responsible for ds every 3 months. A's CPR certification had ks ago". red to take the next CPR "this week".  dministrator on 05/31/18 at one staff person on the					

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STATE FORM 6899 CNJR11 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SU		(X2) MULTIPLE CONSTRUCTION (X3) E  A. BUILDING:		(X3) DATE COMF	B) DATE SURVEY COMPLETED	
				7t. BOILDING.			R	
		FCL06015	3	B. WING			31/2018	
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE			
HOUSE OF PEACE FAMILY CARE HOME  3505 ORIOLE PLACE CHARLOTTE, NC 28269								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICII Y MUST BE PRECEDI SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
C 176	Continued From partial had expired "a courstaff A continued to in the building since certification.  -Staff A continued to with an expired CP-Staff A missed the and "she will be take-She and the SIC with sure all staff CPR of the staff CPR of t	ple of weeks ago o be scheduled the expiration of o work alone in R certification. last CPR certification it this week"	to work alone of her CPR the building cation class for making	C 176				

6899

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