

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/08/2018
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

APOGEE HOMES TWO

**7612 NC HIGHWAY 49
MEBANE, NC 27302**

(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 June 8, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and	V 108	DHSR - Mental Health JUN 27 2018 Lic. & Cert. Section	

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

TITLE

(X6) DATE

STATE FORM

6899

01511

If continuation sheet 1 of 2

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NAME OF PROVIDER OR SUPPLIER APOGEE HOMES TWO		STREET ADDRESS, CITY, STATE, ZIP CODE 7612 NC HIGHWAY 49 MEBANE, NC 27302		
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V 108	<p>Continued From page 1</p> <p>clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to assure one of one staff (#1) had complete personnel records. The findings are:</p> <p>Review on 6/7/18 of staff #1's personnel record revealed her hire date was 10/1/17. There was no documentation in staff #1's record indicating she had received cardiopulmonary resuscitation and first-aid training.</p> <p>During interview on 6/8/18 the Director stated staff (#1) received cardiopulmonary resuscitation and first-aid training. however she was unable to provide written documentation indicating training was provided.</p>	V 108	<p>The staff is the acting QP who is an instructor/trainer for EBPI Base Plus and First Aid & CPR. There is always a staff person (paraprofessional) in the facility with the clients when the QP is at the home. Director informed inspector that the QP was an instructor and did not have written confirmation of QP instructor status at the time and would get documentation by 5PM 6/8/18 as requested by inspector.</p> <p>QP trainer documentation was provided to inspector as requested by 5PM on 6/8/18.</p> <p>QP started tour of duty 10/1/17 per contract as confirmed by inspector.</p> <p>Corrective Action: Director will be sure to get current training status of any future QP's and acting QP. Director will review mandatory training grid twice monthly to ensure all training is current and written documentation is in folder.</p> <p>Director is now aware to get written documentation of instructors to ensure they are legitimate and have current active status.</p> <p>Responsible Party: Director and QP</p>	6/8/18

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STATE FORM

[Signature] Director 6/29/18

015111

If continuation sheet 2 of 2

All direct care staff trainings were in respective folders and up to date.
Rule was met on 6/8/18 for QP as evidenced by attached document.

Ju
n 8

to joe.corprew

Mr. Corprew,

Please find trainings attached to confirm trainer status for Ms. ~~Sally~~. Thank you for the extension to 5PM.

Kindest Regards,
Renée Stewart, Director
Apogee Homes

2 Attachments

Copy for your Records



Emergency Response Instructor

~~XXXXXXXXXX~~

Has been certified to teach the programs marked below:

Yes No

<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>
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CPR/AED and Basic First Aid
Bloodborne Pathogens
Professional Rescuer CPR/AED
Advanced First Aid
Emergency Oxygen
Instructor Trainer

NC181

Instructor Number

03/2018

Issue Date

03/2018

Expiration

