

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2018
NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 176 LASSITER HOMESTEAD ROAD DURHAM, NC 27713		
(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 19, 2018. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness and 10A NCAC 27G. 1100 Partial Hospitalization For Individuals Who Are Acutely Mentally Ill.	V 000	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin-bottom: 20px;"> <p>RECEIVED By MH Lic & Cert Section at 1:42 pm, Jul 06, 2018</p> </div> <p>Please see attachment.</p>	
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,	V 108		

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

Donald T. G...

TITLE

Chief Financial Officer

(X6) DATE

July 5, 2018

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V 108	Continued From page 1 reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff had training in Cardiopulmonary Resuscitation and First Aid for four of nine audited staff (staff #1, staff #2, staff #3 and staff #4). The findings are: a. Review on 6/19/18 of the facility's personnel files revealed: -Staff #1 had a hire date of 11/8/17. -Staff #1 was hired as a Resident Patient Assistant. -There was no documentation of training in First Aid for staff #1. b. Review on 6/19/18 of the facility's personnel files revealed: -Staff #2 had a hire date of 4/2/18. -Staff #2 was hired as a Resident Patient Assistant. -There was no documentation of training in Cardiopulmonary Resuscitation and First Aid for staff #2. c. Review on 6/19/18 of the facility's personnel files revealed: -Staff #3 had a hire date of 12/26/17. -Staff #3 was hired as a Resident Patient Assistant. -There was no documentation of training in First Aid for staff #3.	V 108		

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V 108	<p>Continued From page 2</p> <p>d. Review on 6/19/18 of the facility's personnel files revealed: -Staff #4 had a hire date of 5/5/11. -Staff #4 was hired as a Resident Assistant. -Staff #4 had a copy of a First Aid card that expired on 8/27/17. -There was no documentation of current training in First Aid for staff #4.</p> <p>Interview on 6/19/18 with the Human Resources Manager revealed: -The last instructor who trained staff in Cardiopulmonary Resuscitation and First Aid did separate training's. -The instructor did not do the Cardiopulmonary Resuscitation and First Aid at the same time. -Direct care staff were responsible for doing the majority of outings in the community with the clients. -A staff may occasionally work alone in the community with a client. -She confirmed the staff listed above did not have training in Cardiopulmonary Resuscitation and/or First Aid.</p> <p>Interview with the Director on 6/19/18 confirmed: -The facility failed to ensure the staff listed above had training in Cardiopulmonary Resuscitation and First Aid.</p>	V 108		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p>	V 118	<p>Please see attachment.</p>	

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V 118	<p>Continued From page 3</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to keep the MAR current affecting one of three clients (#1). The findings are:</p> <p>Review on 6/15/18 of client #1's record revealed: -Admission date of 4/30/18. -Diagnoses of Anorexia-Nervosa-Restricting Type, Major Depressive Disorder, Generalized Anxiety Disorder, Osteopenia, Amenorrhea, Hypophosphatemia, Sialadentitis-parotid and submandibular glands, Cervical Dysplasia,</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>Anemia, Precancerous Polyps and Irritable Bowel Syndrome.</p> <p>-Physician's order dated 5/3/18 for Flaxseed Oil 1000 mg, one tablet two times daily; Probiotic, one capsule daily; Multivitamin with iron, one tablet daily; Vitamin D 3 2000 units, one tablet daily and Caltrate 500 units, two gummies two times daily.</p> <p>-Physician's order dated 4/30/18 for Zolof 200 mg, one tablet in the morning and Kurvelo Birth Control pill, one tablet in the morning.</p> <p>-The June 2018 MAR had blank boxes on 6/10 for Flaxseed Oil 1000 mg AM dose, Probiotic, Multivitamin with iron, Vitamin D 3 2000 units, Caltrate 500 units AM dose, Zolof 200 mg and Kurvelo Birth Control pill.</p> <p>Interview with Nurse #1 on 6/15/18 revealed:</p> <p>-There were no issues with staff administering prescribed medications to clients.</p> <p>-She thought staff possibly forgot to document the administered medications on the MAR.</p> <p>-She confirmed facility staff failed to keep the June MAR current for client #1.</p> <p>Interview with the Director on 6/19/18 confirmed:</p> <p>- Facility staff failed to keep the MAR current for client #1.</p>	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>	V 131	Please see attachment.	

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V 131	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for three of nine audited staff (staff #1, staff #2 and staff #3). The findings are:</p> <p>a. Review on 6/19/18 of the facility's personnel files revealed: -Staff #1 had a hire date of 11/8/17. -Staff #1 was hired as a Resident Patient Assistant. -Staff had a HCPR check completed on 11/29/17. -No documentation of a HCPR check completed for staff #1 prior to hire.</p> <p>b. Review on 6/19/18 of the facility's personnel files revealed: -Staff #2 had a hire date of 4/2/18. -Staff #2 was hired as a Resident Patient Assistant. -No documentation of a HCPR check completed for staff #2 prior to hire.</p> <p>c. Review on 6/19/18 of the facility's personnel files revealed: -Staff #3 had a hire date of 12/26/17. -Staff #3 was hired as a Resident Patient Assistant. -No documentation of a HCPR check completed for staff #3 prior to hire.</p> <p>Interview on 6/19/18 with the Human Resources Manager confirmed:</p>	V 131		

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V 131	Continued From page 6 -The HCPR check was not completed for staff #1, staff #2 and staff #3 prior to hire. Interview on 6/19/18 with the Director confirmed: -The HCPR check was not completed for staff #1, staff #2 and staff #3 prior to hire.	V 131		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service	V 536	<i>Please see attachment.</i>	

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V 536	<p>Continued From page 7</p> <p>provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> (1) Documentation shall include: <ol style="list-style-type: none"> (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. 	V 536		

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V 536	<p>Continued From page 8</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain</p>	V 536		

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V 536	<p>Continued From page 9</p> <p>documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure three of nine audited staff (staff #1, staff #2 and the Counselor/Therapist) had training on the use of alternatives to restrictive interventions prior to providing services. The findings are:</p> <p>a. Review on 6/19/18 of the facility's personnel files revealed: -Staff #1 had a hire date of 11/8/17. -Staff #1 was hired as a Resident Patient Assistant. -There was no documentation that staff #1 had training on the use of alternatives to restrictive</p>	V 536		

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V 536	<p>Continued From page 10 interventions.</p> <p>b. Review on 6/19/18 of the facility's personnel files revealed: -Staff #2 had a hire date of 4/2/18. -Staff #2 was hired as a Resident Patient Assistant. -There was no documentation that staff #2 had training on the use of alternatives to restrictive interventions.</p> <p>c. Review on 6/19/18 of the facility's personnel files revealed: -The Counselor/Therapist had a hire date of 12/26/17. -There was no documentation that the Counselor/Therapist had training on the use of alternatives to restrictive interventions.</p> <p>Interview with the Human Resources Manager on 6/19/18 revealed: -The agency uses Getting It Right for training on the use of alternative to restrictive intervention. -The agency just recently started using Getting It Right. -She was not aware staff did not have training in Getting It Right. -She confirmed staff #1, staff #2 and the Counselor/Therapist had no training on the use of alternatives to restrictive interventions prior to providing services</p> <p>Interview with the Director on 6/19/18 confirmed: -Staff #1, staff #2 and the Counselor/Therapist had no training on the use of alternatives to restrictive interventions prior to providing services.</p>	V 536		

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V 118	<p>Continued From page 4</p> <p>Anemia, Precancerous Polyps and Irritable Bowel Syndrome.</p> <p>-Physician's order dated 5/3/18 for Flaxseed Oil 1000 mg, one tablet two times daily; Probiotic, one capsule daily; Multivitamin with iron, one tablet daily; Vitamin D 3 2000 units, one tablet daily and Caltrate 500 units, two gummies two times daily.</p> <p>-Physician's order dated 4/30/18 for Zoloft 200 mg, one tablet in the morning and Kurvelo Birth Control pill, one tablet in the morning.</p> <p>-The June 2018 MAR had blank boxes on 6/10 for Flaxseed Oil 1000 mg AM dose, Probiotic, Multivitamin with iron, Vitamin D 3 2000 units, Caltrate 500 units AM dose, Zoloft 200 mg and Kurvelo Birth Control pill.</p> <p>Interview with Nurse #1 on 6/15/18 revealed:</p> <ul style="list-style-type: none"> -There were no issues with staff administering prescribed medications to clients. -She thought staff possibly forgot to document the administered medications on the MAR. -She confirmed facility staff failed to keep the June MAR current for client #1. <p>Interview with the Director on 6/19/18 confirmed:</p> <ul style="list-style-type: none"> - Facility staff failed to keep the MAR current for client #1. 	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>	V 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL019-041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/19/2018
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NAME OF PROVIDER OR SUPPLIER CAROLINA HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 176 LASSITER HOMESTEAD ROAD DURHAM, NC 27713
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(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 108	<p>Continued From page 2</p> <p>d. Review on 6/19/18 of the facility's personnel files revealed:</p> <ul style="list-style-type: none"> -Staff #4 had a hire date of 5/5/11. -Staff #4 was hired as a Resident Assistant. -Staff #4 had a copy of a First Aid card that expired on 8/27/17. -There was no documentation of current training in First Aid for staff #4. <p>Interview on 6/19/18 with the Human Resources Manager revealed:</p> <ul style="list-style-type: none"> -The last instructor who trained staff in Cardiopulmonary Resuscitation and First Aid did separate training's. -The instructor did not do the Cardiopulmonary Resuscitation and First Aid at the same time. -Direct care staff were responsible for doing the majority of outings in the community with the clients. -A staff may occasionally work alone in the community with a client. -She confirmed the staff listed above did not have training in Cardiopulmonary Resuscitation and/or First Aid. <p>Interview with the Director on 6/19/18 confirmed:</p> <ul style="list-style-type: none"> -The facility failed to ensure the staff listed above had training in Cardiopulmonary Resuscitation and First Aid. 	V 108		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p>	V 118		

Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

Provider Name: Carolina House - Homestead	Phone: (919) 372-7956	
Provider Contact Person for follow-up: Juliana Galioto, Director Of Nursing	Fax: (919) 806-2346	
	Email: Juliana.galioto@carolinaeatingdisorders.com	
Address: 176 Lassiter Homestead Rd. Durham, NC 27713	Provider # (919) 372-7956	

Finding	Corrective Action Steps	Responsible Party	Time Line
<p>In one patient's Medication Administration Record (MAR), dated June 10th, 2018, there were 7 boxes noted, at 0900, whereby, the nurse-on-duty failed to sign off, that these medications were administered or not.</p> <p>Upon investigation, it was noted, that nurse administered medications, but failed to initial boxes, due to distraction caused by other patients at this time.</p>	<p>The Medication Administration Process will be reviewed by each Carolina House nurse and, who will provide their signature on the Attestation Form as proof of acknowledgement.</p> <p>The Nurse-to-Nurse Report Process will be reviewed by each Carolina House nurse and, who will provide their signature on the Attestation Form as proof of acknowledgement.</p> <p>Random audit checks to be completed, and one-on-one monitoring.</p>	<p>Juliana Galioto, MSN, RN Director of Nursing</p>	<p>Implementation Date: July 2nd, 2018</p> <p>Projected Completion Date: August 18th, 2018</p>
			Implementation Date:
			Projected Completion Date:
			Implementation Date:
			Projected Completion Date:
			Implementation Date:
			Projected Completion Date:

Medication Administration Process

1. Each patient will come to the Nursing Station to obtain their medication(s).
2. Confirm each patient by using 2 identifiers:

Patient's Name, DOB, or by their picture upon admission and, which is attached to the MAR.

3. Confirm each medication, by applying the 6 Rights of Medication Administration:
Confirmation of the **RIGHT** Patient, Medication, Dose, Route, Time, and Documentation.
4. Distribute each tablet/pill into the medication cup in front of the patient. Answer any questions the patient may have concerning their medication(s). In turn, ask questions relating to the patient's knowledge of the drug's desired results and side effects.
5. If a patient refuses a medication, document "R" in the time slot and circle it. On the backside of the page, please document the time and reason for the patient's refusal. This, may be communicated to the physician via email or verbal.
6. Observe the patient ingesting their medication. Discard the empty medication cup.
7. Initial if the medication was administered on the MAR. If patient refuses medication, please write the date, time, the medication, reason why the medication was refused, and indicate your communication with the physician on the back of that MAR.

Nurse-to-Nurse Shift Report Process

The off/on- coming nurse will review each patient's chart.

- The off- going nurse will open the Best Notes computer system and review **all** physician orders during their shift.
- Compare Best Notes to the MAR for each patient. Review all medications, labs, appointments, and any other pertinent information, and communicate to the on-coming nurse. Please ensure all medications administered are signed off. If patient refuses a medication, please follow Medication Administration Process and document accordingly.
 - At the end of each group of physician's orders, please sign, date, and time them when completed.
 - After report is shared for each patient, a "New Note" will be created to document that report was given. Please document which nurse report was given to at the end of your shift.

****This will ensure a more thorough, in-depth summary; labs, medications, and other physician orders will be completed.*

Attestation

I, _____ certify that I have reviewed the Medication Administration Process, and will comply with the expectations as noted.

Signature:

Date:

Attestation

I, _____ certify that I have reviewed the Nurse-to-Nurse Shift Report Process, and will comply with the expectations noted.

Signature:

Date:

From: [REDACTED]
Sent: Tuesday, May 22, 2018 7:09 PM
To: [REDACTED]
Subject: June Schedule Holes and Resignation

Lindsey,

Please accept this letter of resignation that I am leaving my position with Carolina House June 30, 2018. The month of June will be my last month as an RPA.

I appreciate the opportunities I have been given at Carolina House and hope I will be able to use them in the future as I transition to medical school.

Please let me know if there is anything I need to do to help with this transition.

That being said, I am hoping to fill in the following holes in June:

Thursday, June 7th 3-11 pm at the Estate
Saturday June 16th 7 am-3 pm at the Estate
Tuesday June 19 3-11 pm at the Estate
Saturday June 30 7 am -3 pm at the Estate

Thank you.
Sincerely,
Madison Hoke

BASIC LIFE SUPPORT

**BLS
Provider**



**American
Heart
Association®**

[REDACTED]
has successfully completed the cognitive and skills
evaluations in accordance with the curriculum of the
**American Heart Association Basic Life Support
(CPR and AED) Program.**

Issue Date

7/28/2017

Recommended Renewal Date

07/2019

Training Center Name

Cone Health

Instructor Name

Rob Emory

Training Center ID

NC05360

Instructor ID

07110030042

Training Center Address

1200 N Elm St
Greensboro NC 27401-1004 USA

eCard Code

175506937437

**Training Center Phone
Number**

(336) 832-7387

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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Provider's Plan of Correction

V 108

- a. Staff #1 [REDACTED] has resigned her position as Resident Patient Assistant effective June 30, 2018. Resignation e-mail dated May 22, 2018 attached.
- b. Staff #2 [REDACTED]. CPR certification proof acquired showing issue date of July 28, 2017. First Aid class scheduled on Wednesday, July 25, 2018.
- c. Staff #3 [REDACTED]. First Aid class scheduled on Wednesday, July 25, 2018.
- d. Staff #4 [REDACTED]. First Aid class scheduled on Wednesday, July 25, 2018.

V 131

- a. Complete HCPR check prior to new hires start date. Staff #1 [REDACTED] HCPR check conducted July 2, 2018.
- b. Complete HCPR check prior to new hires start date. Staff #2 [REDACTED] HCPR check conducted July 2, 2018.
- c. Complete HCPR check prior to new hires start date. Staff #3 [REDACTED] HCPR check conducted July 2, 2018.

V536

- a. Staff #1 [REDACTED] has resigned her position as Resident Patient Assistant effective June 30, 2018. Resignation e-mail dated May 22, 2018 attached.
- b. Staff #2 [REDACTED]. Getting It Right (GIR) training scheduled on July 11 and 13, 2018. Staff member is aware of training dates.
- c. The Counselor/Therapist [REDACTED]. Getting It Right (GIR) training scheduled on July 11 and 13, 2018. Staff member is aware of training dates. If these dates do not work with the staff members schedule she will arrange a one-on-one training with the instructor Sherry Aiello, GIR Instructor.