STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-876	A. BUILDING: _____ B. WING _____	11/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAHOGANY	6852 MAHOGANY ROAD FAYETTEVILLE, NC 28314

(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 November 21, 2018. A deficiency was cited. This facility is licensed for the service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	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		

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V 108	Continued From page 1 clients. This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to provide three of four staff (#1, #3 and the Group Home Manager/GHM) with training to meet the MH/DD/SA (Mental Health/Developmental Disabilities/Substance Abuse) needs of the client as specified in the treatment/habilitation plan for Hoyer Lift training. The findings are: Review on 11/20/18 of client #1's record revealed: -55 year old female admitted on 07/18/09. -Diagnoses included cerebral palsy, psychosis, post traumatic stress disorder, hypertension, chronic constipation, hyperlipedemia and knee pain. -Treatment plan dated 12/01/17 include durable medical equipment for client #1 of wheelchair, hoyer lift, hospital bed and van for lift/transport. Observation on 11/21/18 at 3:30pm of client #1's bedroom revealed a Hoyer Lift system. Review on 11/20/18 of staff #1's personnel record revealed: - Date of Hire: 01/15/15. - No documented Hoyer Lift training. Review on 11/20/18 of staff #3's personnel record revealed: - Date of Hire: 04/21/15. - No documented Hoyer Lift training. Review on 11/20/18 of the Group Home	V 108		

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V 108	Continued From page 2 Manager's (GHM) personnel record revealed: - Date of Hire: 11/20/15. - No documented Hoyer Lift training. Interview on 11/20/18 staff #1 and staff #2 stated: -They had been trained by the GHM on how to operated the Hoyer Lift. Interview on 11/21/18 the GHM stated: -She had been trained by the previous staff and GHM on how to operate the Hoyer Lift for client #1. Interview on 11/21/18 the QP stated: -He would arrange for all staff to receive the Hoyer Lift training.	V 108		