STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-222	A. BUILDING: _____ B. WING _____	R 11/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST DUNSTAN MANOR GROUP HOME	46 STREET DUNSTAN CIRCLE ASHEVILLE, NC 28803

(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, follow up and complaint was completed on 11/26/18. The complaint was substantiated (Intake #NC00145451). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of all Disability Groups.	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,	V 108		

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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 review and interview the facility failed to ensure each employee received training to meet the needs of the client for mental health and intellectual development disabilities as specified in the treatment plan for 1 of 3 sampled staff (#1). The findings are: Review on 11/26/18 of the personnel record for Staff #1 revealed: -Hire date of 8/27/18 as a direct support staff. -Client specific training had not been completed for 4 of the 6 clients. Interview on 11/21/18 with Staff #1 revealed: -He was aware of the goals for all of the clients in the home. -He had reviewed the treatment plan for the clients. Interview on 11/26/18 with the Executive Director revealed: -The Qualified Professional was responsible for completing training to meet the needs of clients as specified in the treatment plan. -The training was usually done about 2 weeks after the staff was hired. -The Qualified Professional was planning to complete the training with Staff #1 this week. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 108		

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V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire and disaster drills quarterly on each shift. The findings are: Review on 11/26/18 of the fire and disaster drills for 1/2018-9/2018 revealed: -No 1st shift disaster or fire drill documented for the 2nd quarter, 4/2018-6/2018. Interview with the clients on 11/21/18 revealed the facility conducted fire and disaster drills. Interview on 11/26/18 with the Executive Director revealed: -The facility had 3 shifts and had recently changed the times the drills were conducted. -Prior to this the facility was conducting too many drills.	V 114		

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V 114	Continued From page 3 -The first shift drill for the 2nd quarter was missed during this transition.	V 114		