

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-694	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/29/2018
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NAME OF PROVIDER OR SUPPLIER UNITED RESIDENTIAL SERVICES OF NORTH CAROLINA	STREET ADDRESS, CITY, STATE, ZIP CODE 6503 KEMPER COURT FAYETTEVILLE, NC 28303
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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 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on November 29, 2018. The complaint was unsubstantiated (intake #NC00145325). A deficiency was cited.</p> <p>This facility is licensed for the service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(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.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying,</p>	V 108		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 108	<p>Continued From page 1</p> <p>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to provide four of five audited staff (#1, #2, #3 and the Group Home Manager/GHM) with training to meet the MH/DD/SA (Mental Health/Developmental Disabilities/Substance Abuse) needs of Former Client #4 (FC) as specified in the treatment/habilitation plan for American Sign Language (ASL) training. The findings are:</p> <p>Review on 11/28/18 of FC #4's record revealed: -25 year old male admitted on 02/07/14. -Diagnosis included Autism Disorder. -Treatment plan dated 02/01/18 included strategy/goal for FC #4 to "communicate with the use of American Sign Language (ASL), gestures, and some words, however he requires someone that can communicate his needs and wants on a day to day basis."</p> <p>Review on 11/28/18 of staff #1's personnel record revealed: - Date of Hire: 02/14/17. - No documented ASL training.</p> <p>Review on 11/28/18 of staff #2's personnel record revealed: - Date of Hire: 01/11/11. - No documented ASL training.</p> <p>Review on 11/28/18 of staff #3's personnel record</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 02/07/12. - No documented ASL training. <p>Review on 11/28/18 of the GHM's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 04/05/11. - No documented ASL training. <p>Interview on 11/28/18 staff #1, #2 and staff #3 stated:</p> <ul style="list-style-type: none"> -They had not been trained in ASL. <p>Interview on 11/28/18 the GHM stated:</p> <ul style="list-style-type: none"> -She and the staff had not been trained in ASL. 	V 108		