

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-876	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/21/2018
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NAME OF PROVIDER OR SUPPLIER MAHOGANY	STREET ADDRESS, CITY, STATE, ZIP CODE 6852 MAHOGANY ROAD FAYETTEVILLE, NC 28314
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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
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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 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 000

V 108

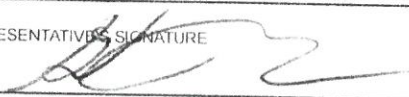
DHSR - Mental Health

DEC 07 2018

Lic. & Cert. Section

Division of Health Service Regulation

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



TITLE *JD*

(X6) DATE

11/29/18

Division of Health Service Regulation

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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 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:</p> <p>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.</p> <p>Observation on 11/21/18 at 3:30pm of client #1's bedroom revealed a Hoyer Lift system.</p> <p>Review on 11/20/18 of staff #1's personnel record revealed: - Date of Hire: 01/15/15. - No documented Hoyer Lift training.</p> <p>Review on 11/20/18 of staff #3's personnel record revealed: - Date of Hire: 04/21/15. - No documented Hoyer Lift training.</p> <p>Review on 11/20/18 of the Group Home</p>	V 108		
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V 108	<p>Continued From page 2</p> <p>Manager's (GHM) personnel record revealed: - Date of Hire: 11/20/15. - No documented Hoyer Lift training.</p> <p>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.</p> <p>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.</p> <p>Interview on 11/21/18 the QP stated: -He would arrange for all staff to receive the Hoyer Lift training.</p>	V 108		

Appendix 1-B: Plan of Correction Form

Plan of Correction

Division Of Health Services Regulation

**United Residential Services of NC, Inc.
Mahogany
6852 MAHOGANY ROAD
FAYETTEVILLE, NC 28314**

Provider Name:	United Residential Services	Phone:	(910)-689-6993
Provider Contact Person for follow-up:	Jessie James	Fax:	
Address:	6852 MAHOGANY ROAD FAYETTEVILLE, NC 28314	Email:	Unitedresidentialservicesinc@yahoo.com

Finding	Corrective Action Steps	Responsible Party	Time Line
<p>V 108 Personnel Requirements 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. (Hoyer Lift Training)</p>	<p>Each Staff person was trained on lifting, transferring, utilization of lifting and transferring equipment and lifts by a qualified staff person. See attached certificates</p> <p>The QP shall be responsible for identifying client specific needs as outlined in the ISP and implementing training for staff to meet the needs of the consumer. The QP shall ensure that qualified trainers are utilized to train staff.</p> <p>Evidence of training shall be maintained in the client record.</p>	<p>Q/A/QI committee QP of URS Facility manager Facility staff</p>	<p>Implementation Date: 11/29/2018</p> <p>Completion Date: 11/29/2018</p>
<p><i>[Signature]</i></p>	<p><i>Leslie Matthews</i></p>	<p><i>11/29/18</i></p>	

Certificate of Completion

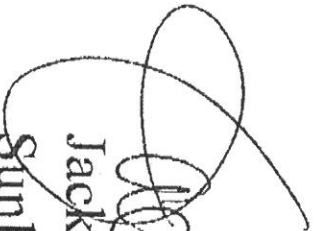
is hereby granted to

Melissa O'Toole

to certify that he/she has completed to satisfaction
Safety Transfers/Transitions

November 29, 2018

0.5 hours


Jackie K. McNeill, RN, BSN
Sunlight Behavior Center, Inc.

Certificate of Completion

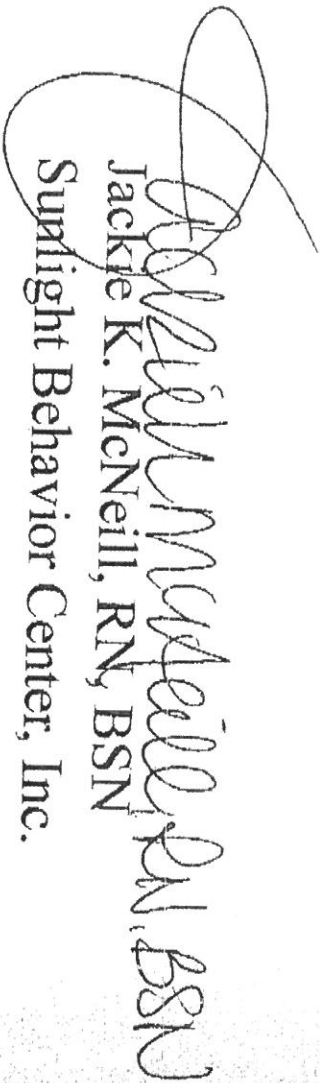
is hereby granted to



to certify that he/she has completed to satisfaction
Safety Transfers/Transitions

November 29, 2018

0.5 hours


Jackie K. McNeill, RN, BSN
Sunlight Behavior Center, Inc.

Certificate of Completion

is hereby granted to

Yvette Flores

to certify that he/she has completed to satisfaction
Safety Transfers/Transitions

November 29, 2018

0.5 hours

Jackie K. McNeill
Jackie K. McNeill, RN, BSN
Sunlight Behavior Center, Inc.

Certificate of Completion

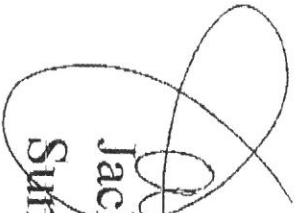
is hereby granted to

Zonia Flores

to certify that he/she has completed to satisfaction
Safety Transfers/Transitions

November 29, 2018

0.5 hours


Jackie K. McNeill, RN, BSN
Sunlight Behavior Center, Inc.

Certificate of Completion

is hereby granted to
Jaqueline Coyle

to certify that he/she has completed to satisfaction
Safety Transfers/Transitions

November 29, 2018
0.5 hours

Jackie K. McNeill, RN, BSN
Jackie K. McNeill, RN, BSN
Sunlight Behavior Center, Inc.

Certificate of Completion

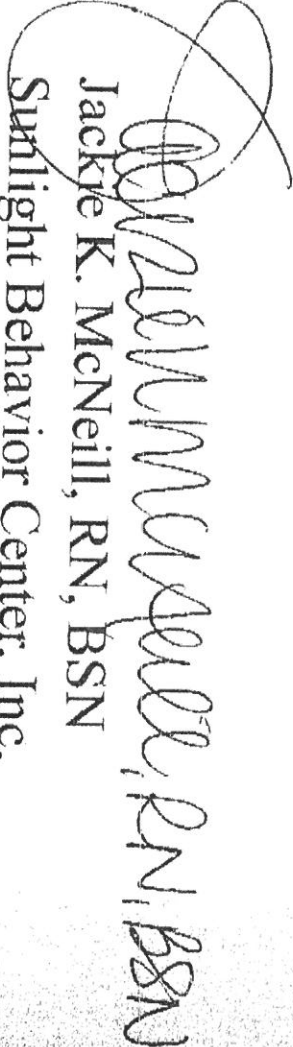
is hereby granted to

Doris Cooper

to certify that he/she has completed to satisfaction
Safety Transfers/Transitions

November 29, 2018

0.5 hours


Jackie K. McNeill, RN, BSN
Sunlight Behavior Center, Inc.

Training Sign Sheet

PC LIFT TRANSFER

11/29/2018

<u>Print</u>	<u>Sign</u>	<u>Date</u>
Roma Flores	Roma Flores	11/29/2018
Donis Cooper	Donis Cooper	11-29-18
Melissa O'Toole	Melissa O'Toole	11-29-18
Jacqueline Cagle	Jacqueline Cagle	11/29/2018
Wanda S. Hooks-Glaster	Wanda S. Hooks-Glaster	11-29-2018
Yvette Flores	Yvette Flores	11-29-2018