STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		MHL041-736	B. WING		01/2	2 4/2019
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 02	
MERCY H	HOME SERVICES, INC	· ·	BINS AVENU			
		JAMESTO	OWN, NC 27	282		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000 INITIAL COMMENTS		V 000				
	An annual and follo on 1/24/19. Deficie	w up survey was completed ncies were cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.				
V 108	27G .0202 (F-I) Per	sonnel Requirements	V 108			
	(g) Employee training provided and, at a refollowing: (1) general organiz (2) training on clier delineated in 10A N 10A NCAC 26B; (3) training to meet client as specified in plan; and (4) training in infect bloodborne pathogo (h) Except as permious 5602(b) of this Submember shall be availined when a client member shall be traincluding seizure m to provide cardioput trained in the Heiml techniques such as the American Heart equivalence for relicion The governing be implement policies reporting, investigated.	cation shall be documented. Ing programs shall be ininimum, shall consist of the cational orientation; at rights and confidentiality as CAC 27C, 27D, 27E, 27F and the mh/dd/sa needs of the in the treatment/habilitation tious diseases and				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

DIVISION	of Health Service Re	eguiation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL041-736	B. WING		01/2	R 4/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
TV TVIL OT	THOUBER OR OUT LIER		BINS AVENU			
MERCY	HOME SERVICES, INC	<u>r</u>	WN, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 108	Continued From pa	ge 1	V 108			
	clients.					
	failed to ensure stat raining programs to mh/dd/sa (mental hidisabilities/substance as specified in the oplan and at least or basic first aid, inclucardiopulmonary reteimlich maneuver was available in the of 3 staff (staff #1). Review on 1/24/19 A hire date of 1 No documentate reflected staff #1 has the mh/dd/sa needs the client's treatmentate. No documentate reflected staff #1 has first aid, including standing standing standing standing. Interview on 1/23/19 He believed he required trainings a CPR	view and interview, the facility ff had completed employee o include training to meet the lealth/developmental ce abuse) needs of the clients client's treatment/habilitation ne staff member trained in ding seizure management, suscitation (CPR) and the rand other first aid techniques e facility at all times affecting 1 The findings are: of staff #1's record revealed: 1/28/18 tion in staff #1's record which ad completed training to meet is of the clients as specified in nt/habilitation plan tion in staff #1's record which ad completed training in basic eizure management, CPR and liver and other first aid 9 with staff #1 revealed: had completed all of his side from basic first aid and the clients with no other staff				

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Interview on 1/24/19 with the Qualified

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL041-736	B. WING		01/2	R 4/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
MERCY I	HOME SERVICES, INC	7	BINS AVENU DWN, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 108	basic first aid and C 2018; however, due class had to be reso	evealed: en scheduled to participate in CPR training in December to inclement weather, the	V 108			
V 114	10A NCAC 27G .02 AND SUPPLIES (a) A written fire pla area-wide disaster points and be approved be authority. (b) The plan shall be and evacuation proposted in the facility (c) Fire and disaster shall be held at least repeated for each sunder conditions the	ncy Plans and Supplies 207 EMERGENCY PLANS In for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be of the developed and routes shall be of the developed and staff cedures and routes shall be of the developed and shall be conducted at simulate fire emergencies. It have basic first aid supplies	V 114			
	failed to ensure fire repeated for each s Review on 1/24/19 disaster drill logs fro Fire drills were	et as evidenced by: view and interview, the facility and disaster drills were hift. The findings are: of the facility's fire and om 1/3/18 to 1/17/19 revealed: held on a monthly basis; vere all held between hours of				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
		MIII 044 700			R	
		MHL041-736	D. WING		01/2	4/2019
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MERCY I	HOME SERVICES, IN	C	BINS AVENU WN, NC 27:			
(V4) ID	SHIMMADV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 3	V 114			
		vere held on a monthly basis; vere all held between the and 5:15 pm				
	from 3 pm until 11 p - Staff #2 was th conducted the facili - Staff #2 typicall clients arrived hom after 8 pm, the clier medications and pr	ed: Its at the group home were Its at the group home were Its and 11 pm and 7 am Its e staff who primarily Ity's fire and disaster drills Ity held the drills after the Its from their day program as Its had settled in, taken their Its epared for bed Its staff would revisit				
V 536	Int. 10A NCAC 27E .01 ALTERNATIVES TO INTERVENTIONS (a) Facilities shall i practices that empt to restrictive interve (b) Prior to providir disabilities, staff incemployees, student demonstrate completing training other strategies for which the likelihood or injury to a person property damage is (c) Provider agencibased on state compacts.	mplement policies and nasize the use of alternatives entions. In gervices to people with cluding service providers, its or volunteers, shall etence by successfully in communication skills and creating an environment in different of imminent danger of abuse in with disabilities or others or	V 536			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			A. BUILDING.		F	,
		MHL041-736	B. WING			4/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MERCY HOME SERVICES, INC			BINS AVENU DWN, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
V 536	Continued From pa	ge 4	V 536			
V 330	(d) The training shainclude measurable measurable testing behavior) on those methods to determ course. (e) Formal refreshaby each service proannually). (f) Content of the training provider wishes to the Division of MH/Paragraph (g) of th (g) Staff shall dem following core area (1) knowledg people being serve (2) recognizing behavior; (3) recognizing external stressors the disabilities; (4) strategies relationships with progranizational factor disabilities; (6) recognizing organizational factor disabilities; (6) recognizing organizational factor disabilities; (6) recognizing and the personal factor disabilities; (7) skills in a sescalating behavior (8) communication of people with the programment of the personal factor	all be competency-based, e learning objectives, (written and by observation of objectives and measurable ine passing or failing the er training must be completed ovider periodically (minimum raining that the service employ must be approved by DD/SAS pursuant to is Rule. onstrate competence in the s: e and understanding of the d; and interpreting human and that may affect people with a for building positive ersons with disabilities; and cultural, environmental and fors that may affect people with the importance of and son's involvement in making sir life; assessing individual risk for cation strategies for defusing obtentially dangerous behavior; ehavioral supports (providing with disabilities to choose ectly oppose or replace	V 330			

Division of Health Service Regulation STATE FORM

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 127 ROBBINS AVENUE JAMESTOWN, NC 27282 [X4] ID PREFIX TAG TAG (CA) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG (FEGULATORY OR LSC IDENTIFYING INFORMATION) V 536 (I) Service providers shall maintain documentation of initial and refresher training for at least three years. (I) Documentation shall include: (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/IDD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring a passing grade on testing in a minstructor training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competence-by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 127 ROBBINS AVENUE JAMESTOWN, NC 27282 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 536 Continued From page 5 (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/faill); (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. (i) Instructor Qualifications and Training Requirements: (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. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	A. BUILDING:	COM	LEIED
MERCY HOME SERVICES, INC 127 ROBBINS AVENUE JAMESTOWN, NC 27282	MHL041-736	B. WING		
AMERCY HOME SERVICES, INC JAMESTOWN, NC 27282	NAME OF PROVIDER OR SUPPLIER STREET AD	DRESS, CITY, STATE, ZIP CODE		
V 536 SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) Description PREFIX CACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) Description PREFIX CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE V 536 Continued From page 5 V 536 V 536 (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (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. (i) Instructor Qualifications and Training Requirements: (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. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by	127 ROBI	BINS AVENUE		
CX4) ID PREFIX CACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	MEDCY HOME SERVICES INC			
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) V 536 Continued From page 5 (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (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. (i) Instructor Qualifications and Training Requirements: (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. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competence/byese, include measurable learning objectives, measurable testing (written and by			I OF CORRECTION	(X5)
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documentation of initial and refresher training for at least three years. (1) Documentation shall include: (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. (i) Instructor Qualifications and Training Requirements: (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. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by	V 536 Continued From page 5	V 536		
observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience	(h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (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. (i) Instructor Qualifications and Training Requirements: (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. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (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. (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. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures.			

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL041-736			F 01/2	R 4/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	<u>.</u>	STATE, ZIP CODE			
MEDCV	HOME SERVICES, INC	127 ROBE	BINS AVENU	E			
WERGI	HOWE SERVICES, IN	JAMESTO	WN, NC 27	282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
	interventions at least review by the coach (7) Trainers is aimed at preventing need for restrictive annually. (8) Trainers instructor training a (j) Service provider documentation of it training for at least (1) Docur (A) who particulation outcomes (pass/fail (B) when and (C) instructor (2) The Divisi	shall teach a training program g, reducing and eliminating the interventions at least once shall complete a refresher t least every two years. It is shall maintain nitial and refresher instructor three years. In mentation shall include: sipated in the training and the lip; I where attended; and I's name. It is name. It is name. It is name. It is name.					
	(k) Qualifications of (1) Coaches requirements as a to (2) Coaches the course which is (3) Coaches competence by contrain-the-trainer institution as for trainers. This Rule is not me Based on record refailed to ensure 1 of (1) Coaches competence by contrain-the-trainer institution as for trainers.	shall meet all preparation rainer. shall teach at least three times being coached. shall demonstrate npletion of coaching or truction. shall be the same preparation					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			7 BOILBING.		F	
		MHL041-736	B. WING	<u></u>		4/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MERCY	HOME SERVICES, IN	C	SINS AVENU WN, NC 27:			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 536	Continued From pa	ge 7	V 536			
	interventions prior to and the facility faile (the Qualified Profes formal refresher translaternatives to restrans alternatives to restrans are: Review on 1/24/19 A hire date of 1 No documental reflected staff #1 has alternatives to restrans Interview on 1/23/1 He believed he required trainings are	o the delivery of client services d to ensure 1 of 3 audited staff essional (QP)) had completed ining at least annually in ictive interventions. The of staff #1's record revealed: 1/28/18 ition in staff #1's record which ad completed training in				
	- A hire date of 8 - The QP's traini interventions had e Interview on 1/24/1 Professional (QP) r - Staff #1 had be training to alternativin December 2018; weather, the class 1/29/19 - She was also salternatives to restr December 2018 and	ng in alternatives to restrictive xpired on 11/30/18 9 with the Qualified				

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