

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/24/2019
NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 127 ROBBINS AVENUE JAMESTOWN, NC 27282		
(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 and follow up survey was completed on 1/24/19. Deficiencies were cited. This facility is licensed for the following 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		

DHSR - Mental Health

FEB 07 2019

Lic. & Cert. Section

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

TITLE

(X6) DATE

STATE FORM

6899

14IT11

If continuation sheet 1 of 8

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 review and interview, the facility failed to ensure staff had completed employee training programs to include training to meet the mh/dd/sa (mental health/developmental disabilities/substance abuse) needs of the clients as specified in the client's treatment/habilitation plan and at least one staff member trained in basic first aid, including seizure management, cardiopulmonary resuscitation (CPR) and the Heimlich maneuver and other first aid techniques was available in the facility at all times affecting 1 of 3 staff (staff #1). The findings are:</p> <p>Review on 1/24/19 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 11/28/18 - No documentation in staff #1's record which reflected staff #1 had completed training to meet the mh/dd/sa needs of the clients as specified in the client's treatment/habilitation plan - No documentation in staff #1's record which reflected staff #1 had completed training in basic first aid, including seizure management, CPR and the Heimlich maneuver and other first aid techniques <p>Interview on 1/23/19 with staff #1 revealed:</p> <ul style="list-style-type: none"> - He believed he had completed all of his required trainings aside from basic first aid and CPR - He worked with the clients with no other staff present in the facility. <p>Interview on 1/24/19 with the Qualified</p>	V 108	<p>Training was scheduled on December 2018. However, the class was canceled twice due to inclement weather. At the time of review, staff were enrolled in a new class set by Alan Brown on 1/24/19. Class has been completed and a copy of proof is included in this Plan of Correction.</p>	1/24/19	

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V 108	Continued From page 2 Professional (QP) revealed: - Staff #1 had been scheduled to participate in basic first aid and CPR training in December 2018; however, due to inclement weather, the class had to be rescheduled to 1/29/19 - She would ensure staff #1 received all of his required training.	V 108	Training completed and a copy included in Poc Packet.	1/29/19
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 ensure fire and disaster drills were repeated for each shift. The findings are: Review on 1/24/19 of the facility's fire and disaster drill logs from 1/3/18 to 1/17/19 revealed: - Fire drills were held on a monthly basis; however the drills were all held between hours of 1 pm and 5 pm.	V 114	Qp / Program Director will monitor and ensure all staff are trained prior to being. Trained subs will be put in place if classes are canceled. Qp has educated staff to perform monthly fire drills @ different shifts. Qp will be	1/29/19

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V 114	Continued From page 3 - Disaster drills were held on a monthly basis; however the drills were all held between the hours of 12:59 pm and 5:15 pm Interview on 1/24/19 with the Qualified Professional revealed: - The typical shifts at the group home were from 3 pm until 11 pm and 11 pm and 7 am - Staff #2 was the staff who primarily conducted the facility's fire and disaster drills - Staff #2 typically held the drills after the clients arrived home from their day program as after 8 pm, the clients had settled in, taken their medications and prepared for bed - Going forward, she and the staff would revisit how the drills were being conducted.	V 114	Monitoring process. Going forward all shifts will be held for the drills. Program Director will follow up with monitoring behind QP. Agency has corrected this with staff but time will need to be given to reflect in documentation. QP will review sheets monthly to ensure that staff are meeting the requirements.	3/31/19	
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.	V 536			

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V 536	Continued From page 4 (d) 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. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).	V 536		

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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 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. (6) Trainers shall have coached experience teaching a training program aimed at preventing,	V 536		

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V 536	<p>Continued From page 6</p> <p>reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 audited staff (staff #1) had completed training in alternatives to restrictive</p>	V 536		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

MERCY HOME SERVICES, INC

**127 ROBBINS AVENUE
JAMESTOWN, NC 27282**

(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 536	<p>Continued From page 7</p> <p>interventions prior to the delivery of client services and the facility failed to ensure 1 of 3 audited staff (the Qualified Professional (QP)) had completed formal refresher training at least annually in alternatives to restrictive interventions. The findings are:</p> <p>Review on 1/24/19 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 11/28/18 - No documentation in staff #1's record which reflected staff #1 had completed training in alternatives to restrictive interventions <p>Interview on 1/23/19 with staff #1 revealed:</p> <ul style="list-style-type: none"> - He believed he had completed all of his required trainings aside from basic first aid and CPR <p>Review on 1/24/19 of the QP's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 8/28/18 - The QP's training in alternatives to restrictive interventions had expired on 11/30/18 <p>Interview on 1/24/19 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - Staff #1 had been scheduled to participate in training to alternatives to restrictive interventions in December 2018; however, due to inclement weather, the class had to be rescheduled to 1/29/19 - She was also schedule to complete training in alternatives to restrictive intervention in December 2018 and would be participating in the class scheduled to be held on 1/29/19 also. 	V 536	<p>Training was Scheduled in December 2018. However both classes were canceled due to inclement weather. Both staff and QP completed training on 1/29/19.</p> <p>QP / Program Director will ensure all trainings are completed @ the time of hire. QP will monitor</p>	1/29/19

Program Coordinator/Director
will check behind QPs.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL041-736	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/24/2019
NAME OF FACILITY MERCY HOME SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 127 ROBBINS AVENUE JAMESTOWN, NC 27282	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0290	Correction	ID Prefix V0736	Correction	ID Prefix	Correction
Reg. # 27G .5602	Completed	Reg. # 27G .0303(c)	Completed	Reg. #	Completed
LSC	01/24/2019	LSC	01/24/2019	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
D Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Debra Branton</i>	DATE 1/25/19	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 11/14/2017		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**North Carolina
Interventions Plus**

*Agency is responsible for verifying Participant certification
Go to North Carolina Interventions Plus website:*

<http://nciplus.com>

NCI+ Participant

This certifies that

Jennifer Snipes

*has fulfilled all requirements for certification and, subject to annual
recertification, is qualified to use physical techniques*

NCI+ Interventions - Defensive Training

(Part A and B)

A curriculum of the North Carolina Interventions Plus

Allen Brewer

Instructor Name



Instructor Signatures

01-29-2019

Date

Certificate is valid through Expiration Date 01-28-2020

Defensive Physical Skills Score Sheet

Name : Jennifer Snipes

Area/Agency : Merciful

Technique	C	I	Comment
Blocks:	Right	Left	
Overhead A			
Overhead B	✓	✓	
Hook A			
Hook B	✓	✓	
Straight A			
Straight B	✓	✓	
Uppercut	✓	✓	
Step Away	✓	✓	
Kick	✓	✓	
Simple:	Correct	Incorrect	
1 - Hand Arm Grab-roll	✓		
2 - Hand Arm Grab-pull Up	✓		
Long Hair	✓		
Complex:	Correct	Incorrect	
Front Choke Prevent	✓		
Full Nelson Prevent	✓		

Certification Date : 01-29-2019

Re-certify by : Allen

AJ

Evaluator signature

Defensive Physical Skills Score Sheet

Items checked below identify areas of difficulty demonstrated during the return demonstration.

~~Had difficulty getting up from the floor during carries.~~

~~Demonstrated techniques at a very slow pace.~~

~~Demonstrated correct technique, but body strength appeared to be less than adequate to actually control a person who is being aggressive.~~

~~Excessive use of force, inappropriate controlling strength.~~

~~Must demonstrate proficiency in the incomplete techniques marked on return to obtain certification / re-certification.~~

COMMENTS:

CERTIFICATION
CARD

CPR and AED

Jennifer Snipes

has successfully completed and competently performed
the required knowledge and skill objectives for this program.

☐ Adult ☐ Adult and Child ☒ Adult, Child, and Infant

Card is void if more than one box is checked.



Allen Brewer

Authorized Instructor (Print Name)

Registry No.

01/30/2019

Class Completion Date

01/30/2021

Expiration Date

3362106641

Training Center ID No.

53973

Training Center I.D.

This card certifies the above named individual has successfully completed the required objectives and hands-on skill evaluations to the satisfaction of a currently authorized ASHI instructor. This program conforms to the 2015 AHA Guidelines Update for CPR and ECC. Expiration date may not exceed two years from month of class completion.

CERTIFICATION
CARD

Basic First Aid

Jennifer Snipes

has successfully completed and competently performed
the required knowledge and skill objectives for this program.



Allen Brewer

Authorized Instructor (Print Name)

Registry No.

01/30/2019

Class Completion Date

01/30/2021

Expiration Date

3362106641

Training Center ID No.

53973

Training Center I.D.

This card certifies the above named individual has successfully completed the required objectives and hands-on skill evaluations to the satisfaction of a currently authorized ASHI instructor. This program conforms to the 2015 AHA and ARC Guidelines Update for First Aid. This program is not designed to meet pediatric first aid training regulatory requirements and should not be used for that purpose. Expiration date may not exceed two years from month of class completion.

CERTIFICATE OF COMPLETION
BLOODBORNE PATHOGENS/SEIZURE MANAGEMENT

AWARDED TO

Jennifer Snipes

Awarded this 30th day of January, 2019



Allen Brewer, Trainer

2 Contact Hours

**North Carolina
Interventions Plus**

*Agency is responsible for verifying Participant certification
Go to North Carolina Interventions Plus website:*

<http://nciplus.com>

NCI+ Participant

This certifies that

Arthur Jones

*has fulfilled all requirements for certification and, subject to annual
recertification, is qualified to use physical techniques*

NCI+ Interventions - Defensive Training

(Part A and B)

A curriculum of the North Carolina Interventions Plus

Allen Brewer

Instructor Name



Instructor Signatures

01-29-2019

Date

Certificate is valid through Expiration Date 01-28-2020

Participant NCI+ Interventions Defensive Training 1000

Defensive Physical Skills Score Sheet

Name : Arthur Jones

Area/Agency : Merciful

Technique	C	I	Comment
Blocks:	Right	Left	
Overhead A			
Overhead B	✓	✓	
Hook A			
Hook B	✓	✓	
Straight A			
Straight B	✓	✓	
Uppercut	✓	✓	
Step Away	✓	✓	
Kick	✓	✓	
Simple:	Correct	Incorrect	
1 - Hand Arm Grab-roll	✓		
2 - Hand Arm Grab-pull Up	✓		
Long Hair	✓		
Complex:	Correct	Incorrect	
Front Choke Prevent	✓		
Full Nelson Prevent	✓		

Certification Date : 01-29-2019

Re-certify by : Allen

Evaluator signature

Defensive Physical Skills Score Sheet

Items checked below identify areas of difficulty demonstrated during the return demonstration.

~~Had difficulty getting up from the floor during carries.~~

~~Demonstrated techniques at a very slow pace.~~

~~Demonstrated correct technique, but body strength appeared to be less than adequate to actually control a person who is being aggressive.~~

~~Excessive use of force, inappropriate controlling strength.~~

~~Must demonstrate proficiency in the incomplete techniques marked on return to obtain certification /re-certification.~~

COMMENTS:

CPR and AED

CERTIFICATION
CARD

Arthur Jones

has successfully completed and competently performed
the required knowledge and skill objectives for this program.

☐ Adult ☐ Adult and Child ☒ Adult, Child, and Infant

Card is valid if more than one box is checked.



Allen Brewer

Authorized Instructor (Print Name)

Registry No.

01/30/2019

Class Completion Date

01/30/2021

Expiration Date

3362106641

Training Center Phone No.

53973

Training Center I.D.

This card certifies the above named individual has successfully completed the required objectives and hands-on skill evaluations to the satisfaction of a currently authorized ASHI instructor. This program conforms to the 2015 AHA Guidelines Update for CPR and ECC. Expiration date may not exceed two years from month of class completion.

Basic First Aid

CERTIFICATION
CARD

Arthur Jones

has successfully completed and competently performed
the required knowledge and skill objectives for this program.



Allen Brewer

Authorized Instructor (Print Name)

Registry No.

01/30/2019

Class Completion Date

01/30/2021

Expiration Date

3362106641

Training Center Phone No.

53973

Training Center I.D.

This card certifies the above named individual has successfully completed the required objectives and hands-on skill evaluations to the satisfaction of a currently authorized ASHI instructor. This program conforms to the 2015 AHA and ARC Guidelines Update for First Aid. This program is not designed to meet pediatric first aid training regulatory requirements and should not be used for that purpose. Expiration date may not exceed two years from month of class completion.

CERTIFICATE OF COMPLETION
BLOODBOURNE PATHOGENS/SEIZURE MANAGEMENT

AWARDED TO

Arthur Jones

Awarded this 30th day of January, 2019



Allen Brewer, Trainer

2 Contact Hours



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

January 28, 2019

Josephine Okeke, Owner
Mercy Home Services, Inc.
2 Ridge Grove Court
Greensboro, NC 27455

DHSR - Mental Health

FEB 07 2019

Lic. & Cert. Section

Re: Annual and Follow up Survey completed January 24, 2019
Mercy Home Services, Inc. 127 Robbins Avenue, Jamestown, NC 27282
MHL # 041-736
E-mail Address: afram0725@yahoo.com
mrs.jennifersnipes@gmail.com
mercifulhandsdayprogram@outlook.com

Dear Ms. Okeke:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed January 24, 2019.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is March 25, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

January 28, 2019
Josephine Okeke
Mercy Home Services, Inc.

- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at 336-861-6283.

Sincerely,

Debra M. Branton

Debra M. Branton, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Victoria Whitt, Director, Sandhills Center LME/MCO
Mary Kidd, Quality Management Director, Sandhills Center LME/MCO
File