Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
ND PLAN OF CORRECTION IDENTIFICATION NUMBER:						
			B. WING		07/29/2019	
		MHL084-041	om/ man	T ZIR CODE		
ME OF PF	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	E, ZIPCODE		
	N STREET GROUP HOM		MAIN STREET			
AST MAI	SIREET GROOF HOM	ALBEMAR	RLE, NC 28001	PROVIDER'S PLAN OF COR	RECTION (X5)	
(X4) ID PREFIX TAG	VENCH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC ID ENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	TON SHOULD BE COMPLETE THE APPROPRIATE DATE	
			V 000 Plan of Correction Inclu		s:	
∨ 00d	INITIAL COMMENTS  An annual survey was completed on 7-29-19. A deficiency was cited.		V 000		First Aid/CDR on 8/1/2019	
				- Corrected: Staff completed	First Aid/CPR on 8/1/2019	
- 1				(certificate attached)	and	
1				- Prevention: Staff will revie	w the overque and	
	This facility is licensed for the following service			expired training report we	ekly	
	Inis facility is licens	27G 5600C Supervised		to ensure trainings are cur	rent.	
	category: 10A NCAC 27G 5600C Supervised Living for Adults whose primary Diagnosis is a			- Monitor: Staff will monito	r and track her own	
	Developmental Disability.			trainings moving forward.		
				- Education Department wil	l alert staff via email,	
	070 0000 (E I) Per	sonnel Requirements	V 108	when trainings are needed	d.	
V 108	2/G .0202 (F-I) FeI	30/mor readments		will be monitore	d weekly.	
	10A NCAC 27G .0202 PERSONNEL			- Trainings will be morned		
	REQUIREMENTS			*		
	(f) Continuing education shall be documented.					
	(a) 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			DHSR - Menta	I Health	
	delineated in 10A NCAC 27C, 27D, 27E, 27F and			DHSK - Merice	11100	
	10A NCAC 26B;				040	
	(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation			AUG 052	.019	
		Truto dodano				
	plan; and (4) training in infectious diseases and			Lic. & Cert.	Section	
	bloodborne pathogens.			Lic. & Corta		
	(h) Except as perm	litted under 10a NCAC 27G	=			
	5602(b) of this Sul	ochapter, at least one stall	1 1 2			
	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					
					2	
	to provide cardiop	ulmonaryresuscitation and nlich maneuver or other first aid				
	trained in the Hein	s those provided by Red Cross,				
	techniques sucha	rt Association or their				
	the American Heal	ieving airway obstruction.				
	(i) The governing	oody shall develop and		45	*	
	im plam ont policie	s and procedures for identifying,				
	reporting investig	ating and controlling infectious				

STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED				
		MHL084-041	B. WING		07/29/2019				
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIPCODE  610 EAST MAIN STREET  ALBEMARLE, NC 28001									
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE				
V 108	and communicable diclients.  This Rule is not met at Based on record revise failed to ensure staffy cardiopulmonaryrest maneuver, and other by the Red Cross, the Association, or their equalified Professional (QP) rewished at each of 7-20 pr	is evidenced by:  ew and interview, the facility were currently trained in uscitation (CPR), Heimlich first aid techniques provided e American Heart equivalence for 1 of 1 al. The findings are:  6-19 of the Qualified ealed: 6-10 d training last completed on  with the QP revealed: ad recently gone through and her position had changed. cosition CPR/first aid had not mow might include talking	V 108						

Division of Health Service Regulation

STATE FORM

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If continuation sheet 2 of 2

Dhautacherm Dp. BA 8-1-19

561111



## Certificate of Completion

shanita jackson
has successfully completed requirements for

Adult, Child and Baby First Aid/CPR/AED Online Only - valid 2 Years

conducted by

**American Red Cross** 

Date Completed: 08/01/2019

Instructors:



To verify certificate, scan code or visit redcross.org/digitalcertificate and enter 6-digit ID.

Learn and be inspired at LifesavingAwards.org

