

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084-041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/29/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EAST MAIN STREET GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>610 EAST MAIN STREET ALBEMARLE, NC 28001</b>
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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 7-29-19. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults whose primary Diagnosis is a Developmental Disability.	V 000	<p>DHSR - Mental Health</p> <p>AUG 12 2019</p> <p>Lic. &amp; Cert. Section</p> <p>Intentionally Left Blank</p>	
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	V 108		

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

*Shawnta Jackson BA, AP*

TITLE

*8-6-19*

(X6) DATE

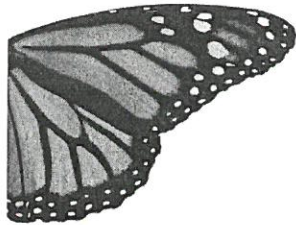
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V 108	<p>Continued From page 1</p> <p>and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were currently trained in cardiopulmonary resuscitation (CPR), Heimlich maneuver, and other first aid techniques provided by the Red Cross, the American Heart Association, or their equivalence for 1 of 1 Qualified Professional. The findings are:</p> <p>Record review on 7-26-19 of the Qualified professional (QP) revealed: -Hire date of 7-26-10 -CPR and first aid training last completed on 9-17-15.</p> <p>Interview on 7-26-19 with the QP revealed: -The company had recently gone through some restructuring and her position had changed. -At her previous position CPR/first aid had not been required. -Her jobs duties now might include talking client to the doctor occasionally, and other situations she might be alone with the clients. -She would get her training updated as soon as possible.</p>	V 108	<p>Staff completed First Aid/CPR training on 8/1/2019. This was previously not completed due to transfer of staff's position.</p> <p>Team Lead and Director of Program Operations will review the overdue and expired training report weekly to ensure trainings are current.</p> <p>Relias will alert staff via email when trainings are needed.</p>	
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August 7, 2019

Patricia Work, Facility Compliance Consultant I  
Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

DHSR - Mental Health

AUG 12 2019

Lic. & Cert. Section

RE: Annual Survey 7/29/19 – East Main Street Group Home

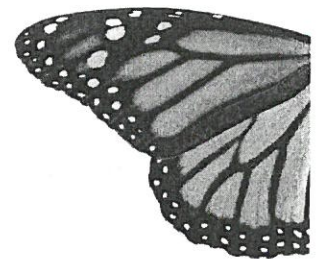
Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me at the number below.

Sincerely,

Louise Winstead, RN  
Compliance Specialist – Plan of Corrections  
[louise.winstead@monarchnc.org](mailto:louise.winstead@monarchnc.org)  
252-289-6512



**MONARCH**

350 Pee Dee Avenue, Albemarle, NC 28001