PRINTED: 12/17/2019 FORM APPROVED

Division of Health Service Regulation

	FATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL041-959			B. WING		12/·	12/16/2019	
					STATE, ZIP CODE		
POSITIVE CONNECTION CARE DD HOME 1413 GRACEWOOD DRIVE GREENSBORO, NC 27408							
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs		V 000			
	An annual survey w deficiency was cited		12/16/19. A				
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with a Developmental Disability.						
V 108	27G .0202 (F-I) Personnel Requirements			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						

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL041-959		B. WING		12/1	16/2019	
NAME OF I	PROVIDER OR SUPPLIER	ST	REET ADI	DRESS, CITY, S	STATE, ZIP CODE			
POSITIVE CONNECTION CARE DD HOME 1413 GRACEWOOD DRIVE GREENSBORO, NC 27408								
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V 108	Continued From pa	ge 1		V 108				
	failed to ensure sta aid, including seizu trained to provide c (CPR) and trained i other first aid techn by Red Cross, the A their equivalence for	view and interview, the off were trained in basic for management, current ardiopulmonary resuscit in the Heimlich maneuveriques such as those profession 2 of 2 staff (staff #1 ar Qualified Professional	first tly tation er or ovided tion or					
	- A hire date of 1 - A certificate who completed First Aid online course throu Foundation with his 5/2/20 - A statement on follows: "The mention Certified in the mendemonstrating profipassing the Examin Terms and Condition Foundation (NCPR) - No further docustaff #1 had demonsubject though other online training with equivalent to the Arthe American Heartheman subject though other online training with equivalent to the Arthe American Heartheman subject who will be a subject to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online training with equivalent to the Artheman subject though other online traini	ich documented staff #1 and CPR training via ar gh the "National CPR training set to expire or the certificate which rea oned individual is now ationed Course by ficiency by successfully nation in accordance with ons of National CPR F)." Immentation which reflect estrated proficiency in the er than the completion of a company which was a merican Red Cross (ARC	h the ed e f an not C) or					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPP IDENTIFICATION I			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL041-959		B. WING		12/16/2019			
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
POSITIVI	E CONNECTION CAR	E DD HOME		CEWOOD D				
1 001111		E DD HOME	GREENSE	BORO, NC 2				
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLÉTE		
V 108	Continued From pa	ge 2		V 108				
	- He worked alone at the facility with the clients (#1 and #2).							
	Review on 12/16/19 of the Executive Director/Qualified Professional's (ED/QP's) record revealed: - A hire date of 2/17/13 - A certificate which reflected the ED/QP had completed online training in First Aid/CPR with the "American Academy of CPR and First Aid." - This training was set to expire on 3/21/20 - A statement on the First Aid/CPR certificate read as follows: "This individual has successfully completed the above mentioned course and has demonstrated proficiency in the subject by passing the examination, in accordance with the terms and conditions of American Academy of CPR and First Aid, Inc." - No further documentation which reflected the ED/QP had demonstrated proficiency in the subject other than the completion of an online training with a company which was not equivalent to the ARC or the AHA							
	Interview on 12/16/ - She had been uses acceptable to honline for First Aid/0	under the impressionave staff participa	on that it					
	who could conduct all of her staff	act a First Aid/CPF a hands-on class o eady owned the CF	on behalf of					
	"dummies" which co training class.							

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