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PRINTED: 02/20/2020
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL014-088	A. BUILDING: _____ B. WING _____	02/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BAKER HOME	4856 SAGE MEADOW CIRCLE HICKORY, NC 28601

(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 survey was completed on February 19, 2020. A deficiency was cited. The facility is licensed for the following service catetory: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.	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 MAR 3 1 2020 Lic. & Cert. Section	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Carolyn Miller

TITLE: CEO

(X6) DATE: 3/26/2020

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V 108	Continued From page 1 clients. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have 1 of 1 current staff (staff #1) currently trained in basic first aid and cariopulmonary resuscitation (CPR). Review on 2/19/20 of the personnel record for Alternative Family Living (AFL) Provider #1 revealed: - Date of hire: 2/17/17. - American Heart Associataion certificate for First Aid and CPR with an expiration date of January 2020. Interview on 2/19/20 with the AFL Provider #1 and the Qualified Professional (QP) revealed: -Training had been scheduled for January 2020 but had to be rescheduled due to a conflict. -Training will occur 2/21/20.	V 108	The CPR/FA Training was completed on 2/21/20. Even through the training had initially been schedule for January due to the CPR instructor having to cancel the training it caused Ms. Baker to lapse. We are working at putting together a different system to monitor training's more closely as well as having another back-up CPR trainer. The Staff Development Coordinator along with the the Program Director will monitor this through the system that is being put in place and through monthly peer re	Completed 2/21/2020 July 1, 2020 July 1, 2020