

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-137	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARK PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 109 PARKER LANE MORGANTON, NC 28655
---	---

(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	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on October 30, 2020. The complaint was substantiated (intake #NC00168671). A deficiency was cited. A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff will be identified using sister facility A and a numerical identifier.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G.1300 Residential Treatment for Children or Adolescents.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">NOV 13 2020</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> (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. <p>(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</p>	V 108		

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

Stacy [Signature] **BSQA**

TITLE
11/6/2020

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-137	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2020	
NAME OF PROVIDER OR SUPPLIER PARK PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 109 PARKER LANE MORGANTON, NC 28655		
(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 108	<p>Continued From page 1</p> <p>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 clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure at least one staff (Staff #3) who was trained in basic first aid techniques and cardiopulmonary resuscitation (CPR) methods was available in the facility at all times when a client is present. The findings are:</p> <p>Review on 10/27/20 of Staff #3's personnel record revealed: -date hired was 6/20/18. -no documentation of First Aid and CPR training.</p> <p>Review on 10/19/20 of Client #1's record revealed: -admitted on 5/8/20 with diagnoses of Major Depressive Disorder, Generalized Anxiety Disorder, and Post-Traumatic Stress Disorder. -age 16.</p> <p>Review on 10/29/20 of FC #7's record revealed: -admitted on 1/6/20 with Attention Deficit Hyperactivity Disorder (ADHD), Intermittent Explosive Disorder, Encounter for mental health services for perpetrator of non-parental child abuse. -age 17.</p>	V 108	<p>Focus staff shall be required to attend CPR/ FA with the exception of Administrative staff unless their job responsibilities require this specific certification. Training coordinator will review the training spreadsheet quarterly to ensure that staff have completed this training. Failure to complete training as required will result in being removed from direct care until trainings are completed and/ or not having clients assist in maintenance functions if staff are not adequately trained.</p>	12/1/2020

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-137	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARK PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 109 PARKER LANE MORGANTON, NC 28655
---	---

(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 108	<p>Continued From page 2</p> <p>Review on 10/19/20 of facility incident reports from July 2020 through September 2020 revealed:</p> <ul style="list-style-type: none"> -a 7/30/20 Level 1 incident for Former Client (FC #7) who was helping Staff #3 with a work task at sister facility A when he fell and sustained an injury that had a First Aid response; -a 8/10/20 Level 1 incident for Client #1 when he dropped a piece of wood on his right lower leg while helping Staff #3 at sister facility A with a work task. Client #1 sustained an injury that required a First Aid response. <p>Observation on 9/28/20 at 12:59 pm and interview with Client #1 revealed:</p> <ul style="list-style-type: none"> -a red area that was shaped to resemble the number "7" was located below the right knee with a couple of smaller scratches to the left and two red spots near the small scratches; -the right lower leg was injured while Client #1 and Staff #3 attempted to join a piece of furniture together with screws and a piece of the furniture came apart and scraped Client #1's leg, which bled. Client #1 showed the injury to Staff #3, was provided with alcohol wipes and ointment to apply to the leg and kept on working. The injury happened at sister facility A under Staff #3's supervision. <p>Interview on 10/29/20 with FC #7 revealed:</p> <ul style="list-style-type: none"> -he helped Staff #3 with work tasks at sister facility A, where he was under Staff #3's supervision; -his fall occurred at sister facility A and resulted in a minor injury. <p>Interview on 10/22/20 with Staff #3 revealed:</p> <ul style="list-style-type: none"> -Client #1 and FC #7 helped him with work tasks at sister facility A; -he assumed the care and supervision of these 	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-137	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2020
NAME OF PROVIDER OR SUPPLIER PARK PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 109 PARKER LANE MORGANTON, NC 28655		
(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 108	Continued From page 3 clients while they worked with him at sister facility A; -he checked FC #7 after the fall and there was a scratch to his leg which was red, but the skin was not broken. FC #7 said he was okay, and he reported FC #7's injury to his supervisor. -he denied knowledge of Client #1 having been injured at sister facility A. If Client #1 was injured, he would have known about the incident. Interview on 10/28/20 with the Home Manager (HM) of sister facility A revealed: -Staff at sister facility A had no supervisory or care-taking responsibilities to the clients that included Client #1 and FC #7 who helped Staff #3 with the work tasks at sister facility A; -There would not have been staff of sister facility A onsite until around 1:30-2:00 pm and the clients with Staff #3 would have been preparing to leave before the residents returned home. Interview on 10/28/20 with the Human Resources Director revealed: -Staff #3 was supposed to have had First Aid and CPR training but he did not attend the training.	V 108		