PRINTED: 12/07/2020 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			,
MHL028-013		B. WING		C 12/04/2020		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
POANOL	KE TRAIL FACILITY	185 ROAI	NOKE TRAIL			
KUANUI	NE TRAIL FACILITY	MANTEO	, NC 27954			
(X4) ID	SUMMARY STA	PROVIDER'S PLAN OF CORRECTION		(X5)		
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	18, 2020. The com	was completed on November plaint was unsubstantiated 56). No deficiencies were				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.				
	December 4, 2020, received which nec Rule 10A NCAC 27	v108) is amended to a				
V 108	V 108 27G .0202 (F-I) Personnel Requirements		V 108			
	(g) Employee training provided and, at a refollowing: (1) general organiz (2) training on clier delineated in 10A N 10A NCAC 26B; (3) training to meet client as specified in plan; and (4) training in infect bloodborne pathogo (h) Except as permition .5602(b) of this Submember shall be avoid times when a client member shall be training provided in the state of the sta	cation shall be documented. Ing programs shall be minimum, shall consist of the rational orientation; It rights and confidentiality as CAC 27C, 27D, 27E, 27F and If the mh/dd/sa needs of the In the treatment/habilitation				

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

TITLE (X6) DATE

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		MHL028-013	B. WING		12/0	C 04/2020	
	NAME OF PROVIDER OR SUPPLIER ROANOKE TRAIL FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE 185 ROANOKE TRAIL MANTEO, NC 27954						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
V 108	to provide cardiopu trained in the Heiml techniques such as the American Heart equivalence for relic (i) The governing b implement policies reporting, investigar	ge 1 Imonary resuscitation and ich maneuver or other first aid those provided by Red Cross, Association or their eving airway obstruction. ody shall develop and and procedures for identifying, ting and controlling infectious diseases of personnel and	V 108				
	facility failed to ensireceived training to The findings are: Review on 12/03/20 - Title of Direct Card 7/27/18 Client specific trai and #5 completed 7 - No evidence of up During interview on - She had complete the facility clients She returned to w 2020.	views and interviews the ure 1 of 3 audited staff (#4) meet the needs of the clients. Of staff #4's record revealed: Professional, hire date ning regarding clients #2, #4 (7/31/18). Idated client specific training. 12/03/20 staff #4 stated: Id client specific training for ork at the facility in October					
	overnight. During interviews o Qualified Profession	rotator" and was at the facility n 12/03/20 and 12/04/20 the nal stated: by the Licensee and worked					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED			
		MHL028-013	B. WING)4/2020			
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
ROANOKE TRAIL FACILITY 185 ROANOKE TRAIL MANTEO, NC 27954									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE			
V 108	briefly at the facility - Staff #4 transferre Licensee's facilities or so ago" to work a 7 days on and 7 day - Staff #4's client sp when she returned	in 2018. Id to work at another of the and returned "about a month as a "rotator"; staff #4 worked	V 108						

6899

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