

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL028-013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/04/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROANOKE TRAIL FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>185 ROANOKE TRAIL MANTEO, NC 27954</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	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on November 18, 2020. The complaint was unsubstantiated (intake #NC00169556). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This Statement of Deficiencies was amended on December 4, 2020, due to additional information received which necessitated further investigation. Rule 10A NCAC 27G .0202, Personnel Requirements (tag v108) is amended to a standard deficiency.</p>	V 000	<p>LIFE, Inc. will ensure all new and re-hired staff receive training upon hire or rehire to include client specific training for each individual in the home. Client specific training and all personnel requirements regarding training will be provided by the appropriate supervisor and documented. Documentation of the training will be maintained in the employees' training files. The assigned QP is responsible for ensuring the training is completed and documented as well as filed appropriately. The employee charts are to be reviewed upon completion of all new hire trainings and at least every 6 months thereafter to ensure employee files are in compliance.</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> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <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</p>	V 108	<p style="color: blue; text-align: center;">DHSR - Mental Health</p> <p style="color: blue; text-align: center;">Lic. &amp; Cert. Section</p>	

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

*William D. Bowler MS QP II*

TITLE

*Program Manager*

(X6) DATE

*12/16/20*

Division of Health Service Regulation

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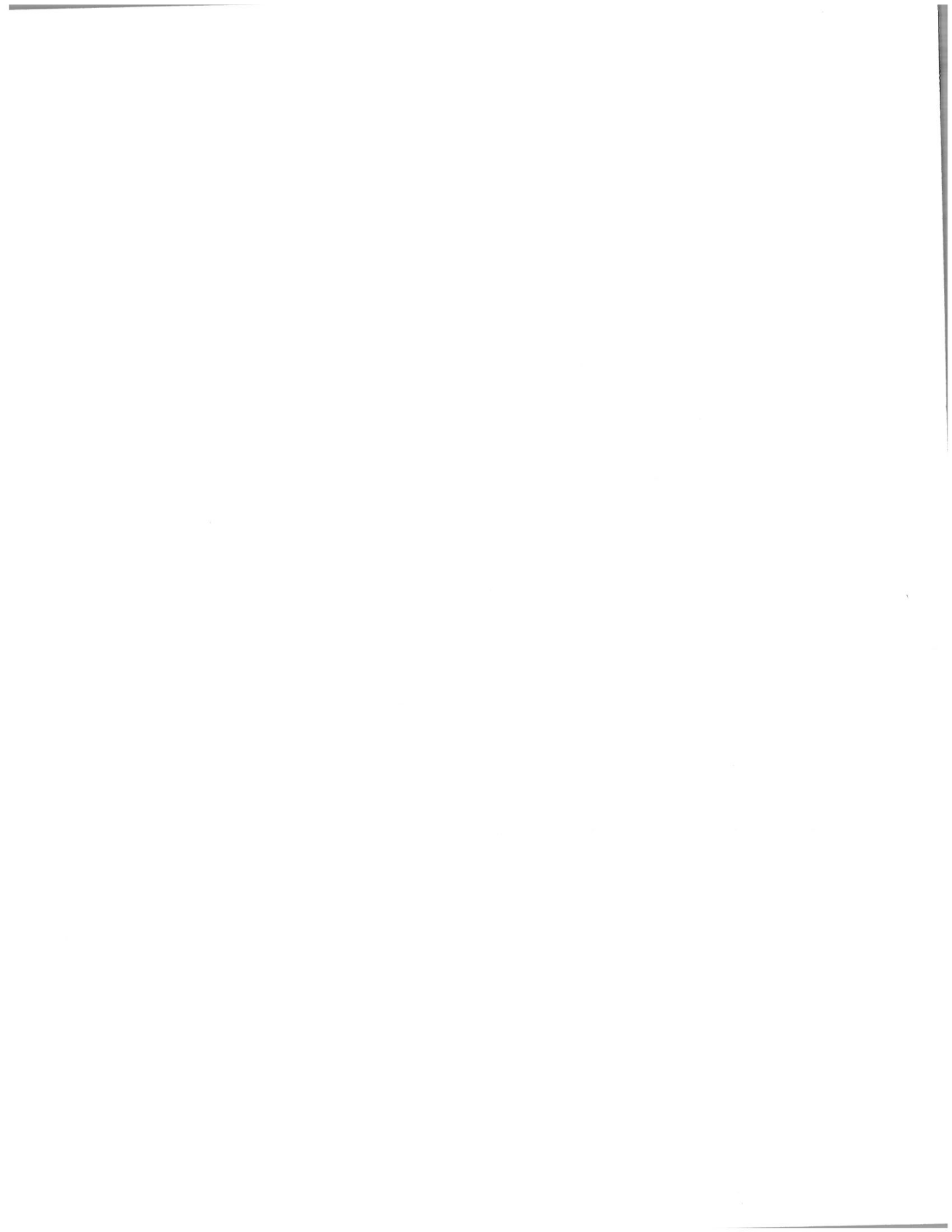
V 108	<p>Continued From page 1</p> <p>to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall 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 reviews and interviews the facility failed to ensure 1 of 3 audited staff (#4) received training to meet the needs of the clients. The findings are:</p> <p>Review on 12/03/20 of staff #4's record revealed:</p> <ul style="list-style-type: none"> <li>- Title of Direct Care Professional, hire date 7/27/18.</li> <li>- Client specific training regarding clients #2, #4 and #5 completed 7/31/18.</li> <li>- No evidence of updated client specific training.</li> </ul> <p>During interview on 12/03/20 staff #4 stated:</p> <ul style="list-style-type: none"> <li>- She had completed client specific training for the facility clients.</li> <li>- She returned to work at the facility in October 2020.</li> <li>- She worked as a "rotator" and was at the facility overnight.</li> </ul> <p>During interviews on 12/03/20 and 12/04/20 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- Staff #4 was hired by the Licensee and worked</li> </ul>	V 108	<p>In-service for client specific training as well as cap competencies for each individual in the home will be completed placed in staff training file.</p>	
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V 108	Continued From page 2  briefly at the facility in 2018. - Staff #4 transferred to work at another of the Licensee's facilities and returned "about a month or so ago" to work as a "rotator"; staff #4 worked 7 days on and 7 days off. - Staff #4's client specific training was updated when she returned to the facility, but she was unable to locate documentation of the updated training.	V 108		





Re: Complaint Survey completed 12/4/20  
Roanoke Trail Facility  
MHL#028-013

Dear Ms. Anderson,

Attached is the initial plan of correction for the standard level deficiency cited during our compliant survey completed on December 4, 2020. All required corrections will be completed prior to the required 60 days.

Sincerely,

A handwritten signature in black ink that reads "Trinette G. Bowser". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Trinette G. Bowser, MS QPII  
Program Manager

DHSR - Mental Health

DEC 9 2020

Lic. & Cert. Section

