

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2021
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NAME OF PROVIDER OR SUPPLIER HOKE COUNTY GROUP HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 170 OAK STREET RAEFORD, NC 28376
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on April 19, 2021. The complaint was unsubstantiated (Intake #NC00175953). 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>	V 000		
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 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,</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 108	<p>Continued From page 1</p> <p>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 one of four audited staff (staff #2) had training in Cardiopulmonary Resuscitation (CPR). The findings are:</p> <p>Review on 4/15/21 of the facility's personnel files revealed:</p> <ul style="list-style-type: none"> - Staff #2 had a hire date of 8/17/20. - Staff #2 was hired as a Developmental Specialist Sleepover. - Staff #2's CPR training expired on 2/6/21. -There was no documentation of current CPR training for staff #2. <p>Interview with the Team Lead/Qualified Professional on 4/15/21 revealed:</p> <ul style="list-style-type: none"> -Staff #2 told her she had the CPR training from a previous employer. -Monarch accepted the CPR training from the previous employee when she was hired. -Staff #2 said could not do the CPR training in Relias which is their training system. -Staff #2 could not do the CPR in Relias because it had the training was not due until 2022. -Staff #2 told her she wasn't given the option in Relias to do the CPR training. -Staff #2 does work alone with clients in the group home on the weekends. -Staff #2 worked every other weekend. -She thought staff #2's CPR training expired 	V 108		

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V 108	Continued From page 2 February 2021. -She confirmed staff #2 had no documentation of current training in CPR.	V 108		