

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 STREET ADDRESS, CITY, STATE, ZIP CODE

HOKE COUNTY GROUP HOME #1

**170 OAK STREET
RAEFORD, NC 28376**

(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 and complaint survey was completed on April 19, 2021. The complaint was unsubstantiated (Intake #NC00175953). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.5600C Supervised Living for Adults with Developmental Disabilities	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,	V 108	Intentionally left Blank	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

H5CV11

If continuation sheet 1 of 3

Louise Winstead, RN, Compliance Specialist

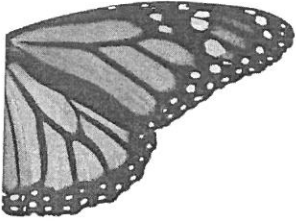
04-29-2021

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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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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	<p>V108: All Staff will have training in Cardiopulmonary Resuscitation(CPR). Staff 2 completed training on 4-19-21.</p> <p>Monarch's Education Department completed 100% audit on CPR on 4-22-21 to assure accuracy of the CPR tracking. Education Department also made managers aware if a discrepancy is found or if there are questions to reach out to education@monarchnc.org. Managers were reminded that a staff can take a training at any time and if they are having difficulty accessing the training to reach out to education@monarchnc.org. Education will begin holding office hours calls on Fridays at 9:00 AM starting May 7th for staff who have questions concerning anything to do with training.</p> <p>Residential Manager will provide re-training and document on an In service the following: All staff should be aware that their CPR/First Aid is a training that is due every two years and to receive credit for the training they need to submit a copy of the certificate/card to education@monarchnc.org. If a discrepancy is found or if there are questions to reach out to education@monarchnc.org. Staff can take a training at any time and if they are having difficulty accessing the training please reach out to education@monarchnc.org.</p>	

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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	The Education Department will weekly run reports for trainings due in 60 days and Overdue/Expired trainings. They will also randomly conduct an audit for accuracy. Target Date: 5-30-2021	



April 29, 2021

Kimberly Sauls, Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Hoke I Annual & Complaint 4/19/2021

Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me directly at the number below.

Sincerely,

Louise Winstead, RN

Louise Winstead, RN
Compliance Specialist – Plan of Corrections
louise.winstead@monarchnc.org
252-289-6512

