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	
		MHL041-766	B. WING		07/2	9/2021
NAME OF PROVIDER O	R SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
		223 BERE	RYMAN STRI			
THE BERRYMAN H	OUSE, INC		BORO, NC 2			
PREFIX (EACH	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 CROSS-REFERENCED TO THE APPRODEFICIENCY)	E ACTION SHOULD BE D TO THE APPROPRIATE	
V 000 INITIAL (COMMEN	ΓS	V 000			
		vas completed on July 29, was cited.				
This facil category:	•	sed for the following service				
		7G .5600C: Supervised Living elopmental Disabilities				
V 108 27G .020	2 (F-I) Pe	sonnel Requirements	V 108			
REQUIR (f) Contin (g) Employed following (1) gene (2) training delineate 10A NCA (3) training client as plan; and (4) training bloodbord (h) Exception 5602(b) member times who member including to provide trained in technique the Americal states and the states are the states a	EMENTS nuing eductoryee train and, at a real organization on clier of the specified in 10A N C 26B; and to mee specified in 10A N C 26B; and the pathogot as permof this Subshall be an a client shall be train a client shall be train er cardioput the Heim es such as ican Heart	cation shall be documented. ing programs shall be minimum, shall consist of the rational orientation; It rights and confidentiality as ICAC 27C, 27D, 27E, 27F and It the mh/dd/sa needs of the In the treatment/habilitation tious diseases and ens. itted under 10a NCAC 27G ochapter, at least one staff vailable in the facility at all is present. That staff ained in basic first aid anagement, currently trained limonary resuscitation and itch maneuver or other first aid those provided by Red Cross, Association or their eving airway obstruction.				

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

TITLE (X6) DATE Division of Health Service Regulation

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		MHL041-766	B. WING		07/2	29/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE BEF	RRYMAN HOUSE, INC		RYMAN STRI BORO, NC 2			
(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)	JLD BE	(X5) COMPLETE DATE
V 108	implement policies reporting, investigation	ge 1 and procedures for identifying, ting and controlling infectious diseases of personnel and	V 108			
	This Rule is not met as evidenced by: Based on Interview and record review, the facility failed to ensure at least one staff member available in the facility at all times, trained in basic first aid including seizure management and cardiopulmonary resuscitation, for two (staff #1 and the Administrator) of three staff surveyed. The findings are:					
	record revealed: - hire date 9-25 - position, Direction of the direction o	_				
	personnel record re - hire date 8-2-0 - position, Adm	05 inistrator g expired 9-21-20				
	- he was aware expired - the updated tr Co-Vid 19	1 with staff #1 revealed: his CPR/first aid training had raining was missed due to raining was supposed to be				

Division of Health Service Regulation STATE FORM

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		
		MHL041-766	B. WING		07/2	9/2021		
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 223 BERRYMAN STREET GREENSBORO, NC 27405							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE		
V 108	kept up to date - the training hashould be held either dated not provided) Interview on 7-27-2 revealed: - the required training - we have a regulocal hospital, that of training - "He works at the was exposed to it and clients safe." - the training has have a regulocal hospital and the training has exposed to it and clients safe."	as already been scheduled and er this week or next (exact 1 with the Administrator raining was not able to be held lowed to come in to the training istered nurse that works at a conducts our CPR/first aid the hospital and I'm sure he and I just wanted to keep my as been scheduled for, "this ered Nurse trainer], our RN.	V 108					

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