STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL007-072	A. BUILDING: _____ B. WING _____	R 07/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANT STREET	619 PLANT STREET WASHINGTON, NC 27889

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on July 23, 2021. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	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, reporting, investigating and controlling infectious and communicable diseases of personnel and	V 108		

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V 108	Continued From page 1 clients. This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure staff received training to meet the needs of the clients as required for 3 of 3 audited staff (Staff #1, Residential Manager and Qualified Professional). The findings are: Review on 7/22/21 of clients #2's record revealed: -Admission date 7/18/11. -Diagnoses included Mild Intellectual Developmental Disabilities; Major Depression-re-current; Psychosis; Schizophrenia; Asthma; Allergic Rhinitis. Observation on 7/22/21 of client #2's bedroom revealed: -A continuous positive airway pressure (CPAP) machine on her bedside table. -2 one gallon jugs of distilled water under the bedside table. -A small bottle of dish detergent on the bedside table. Interview on 7/22/21 client #2 stated: -She cleans her CPAP machine on Wednesday's. -Staff showed her how to clean the CPAP machine. Review on 7/23/21 of Staff #1's personel record revealed: -Hire date 5/21/18. -Title- Behavioral Specialist.	V 108		

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V 108	Continued From page 2 -No documentation of client specific training related to the use of a CPAP machine for client #2. Review on 7/23/21 of the Residential Manager's personal record revealed: -Hire date 9/2/09. -No documentation of client specific training related to the use of a CPAP machine for client #2. Review on 7/23/21 of the Qualified Professional's personal record revealed: -Hire date 8/28/17. -No documentation of client specific training related to the use of a CPAP machine for client #2. During interview on 7/23/21 Staff #1 stated: -She had worked with facility for 3 years. -She had not had a formal training on the use of client #2's CPAP machine. During interview on 7/23/21 the Residential Manager stated: -She had worked with facility for 12 years. -Staff who were on shift when the CPAP machine was delivered were shown how to operate the CPAP machine and those staff showed the rest of the staff. -Staff had checked client #2's CPAP machine to ensure it was cleaned properly during bedroom checks. -There was documentation of training for the use of the CPAP machines. During interviews on 7/23/21 the Qualified Professional stated: -There was no documentation of staff training on client #2's CPAP machine.	V 108		

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V 108	Continued From page 3 -She would see if the facility registered nurse could train the staff on the use of the CPAP machines.	V 108		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observations on 07/22/21 during a tour of the facility at approximately 11:40am revealed: -Client #3's 6 drawer chest had missing knobs on the bottom left drawer and the 2nd right drawer was broke off. -Ceiling in client #1's bedroom had an approximately 2 foot area of mildew or mold spots. -Hallway bath had a rusty shower rod. -Handicap shower had mildew or mold spots and streaks above the shower. -The bottom of the handicap shower walls and corners was rusty and had stains in multiple areas. -The wall and ceiling in the kitchen had brown stains above the stove, cabinets and to the left side of the sink.	V 736		

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V 736	Continued From page 4 Interview on 7/22/21 the Residential Manager stated: -The shower in the handicap bathroom had needed repairing for about 2 years. -Work orders had been completed for the shower in the handicap bathroom. -The shower had been repaired before but the mildew or mold came back. -The maintenance department at the local hospital was responsible for the repairs to the handicap shower. Interview on 07/22/21 the Qualified Professional/Licensee stated: -Work orders had been submitted by the staff for the handicap shower. -A housing authority representative did an inspection in June 2021. -Facility maintenance is aware if the repairs needed to the handicap shower. -The handicap shower had been cleaned in February 2021 and the spots came back. -The resolution for the handicap shower is currently pending.	V 736		