## PRINTED: 09/17/2021 FORM APPROVED

| Division of Health Service Regulation         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER: |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING:   |                                |  | (X3) DATE SURVEY<br>COMPLETED                 |         |
|---|--|--|--------------------------------|--|---|---------|
|   |  |  |                                |  |   |         |
|   | MHL004-003   |  | B. WING                        |  | 09/   | 09/2021 |
| NAME OF F   | PROVIDER OR SUPPLIER   |  | DDRESS, CITY, ST<br>RNS STREET | TATE, ZIP CODE   |   |         |
| ANSON   | GROUP HOME   |  | BORO, NC 281                   | 170  |   |         |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG            | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO<br>DEFICIENC | TION SHOULD BE COMPLE<br>THE APPROPRIATE DATE |         |
| V 000   | INITIAL COMMENTS   |  | V 000                          |  |   |         |
|   | An annual survey was completed on September 9, 2021. A deficiency was cited.   |  |                                |  |   |         |
|   | The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.   |  |                                |  |   |         |
|   | 27G .0202 (F-I) Pe   | rsonnel Requirements   | V 108                          |  |   |         |
|   | <ul> <li>10A NCAC 27G .0202 PERSONNEL<br/>REQUIREMENTS</li> <li>(f) Continuing education shall be documented.</li> <li>(g) Employee training programs shall be<br/>provided and, at a minimum, shall consist of the<br/>following:</li> <li>(1) general organizational orientation;</li> <li>(2) training on client rights and confidentiality as<br/>delineated in 10A NCAC 27C, 27D, 27E, 27F and<br/>10A NCAC 26B;</li> <li>(3) training to meet the mh/dd/sa needs of the<br/>client as specified in the treatment/habilitation</li> </ul> |  | Ι                              |  |   |         |
|   | plan; and<br>(4) training in infect<br>bloodborne pathog<br>(h) Except as perm<br>.5602(b) of this Sul   | tious diseases and<br>ens.<br>itted under 10a NCAC 27G<br>ochapter, at least one staff   |                                |  |   |         |
|   | times when a client<br>member shall be tr<br>including seizure m<br>to provide cardioput   | vailable in the facility at all<br>t is present. That staff<br>ained in basic first aid<br>nanagement, currently trained<br>Ilmonary resuscitation and |                                |  |   |         |
|   | techniques such as<br>the American Hear<br>equivalence for reli  | lich maneuver or other first aid<br>those provided by Red Cross<br>t Association or their<br>eving airway obstruction.<br>body shall develop and       |                                |  |   |         |
|   | implement policies<br>reporting, investiga   | and procedures for identifying<br>ting and controlling infectious<br>diseases of personnel and   | ,                              |  |   |         |

M5S411

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|               |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:     | R: A. BUILDING:            |  | (X3) DATE SURVEY<br>COMPLETED |                 |
|---------------|---|---|----------------------------|--|-------------------------------|-----------------|
|               |   |   |                            |  |                               |                 |
|               |   | MHL004-003  | B. WING                    |  | 09/09/2021                    |                 |
| NAME OF F     | PROVIDER OR SUPPLIER  |   | DDRESS, CITY, S            | TATE, ZIP CODE   |                               |                 |
| ANSON         | GROUP HOME  |   | INS STREET<br>BORO, NC 281 | 170  |                               |                 |
| (X4) ID       |   |   | ID                         | PROVIDER'S PLAN OF   |                               |                 |
| PREFIX<br>TAG |   | Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION) | PREFIX<br>TAG              | (EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO 1<br>DEFICIENC | THE APPROPRIATE               | COMPLET<br>DATE |
| V 108         | Continued From page 1   |   | V 108                      |  |                               |                 |
|               | clients.  |   |                            |  |                               |                 |
|               |   |   |                            |  |                               |                 |
|               |   |   |                            |  |                               |                 |
|               |   |   |                            |  |                               |                 |
|               |   |   |                            |  |                               |                 |
|               | This Rule is not met as evidenced by:<br>Based on record review and interview, the facility     |   |                            |  |                               |                 |
|               | failed to ensure staff were currently trained in  |   |                            |  |                               |                 |
|               | cardiopulmonary resuscitation (CPR) provided by   |   |                            |  |                               |                 |
|               | the American Red Cross, the American Heart<br>Association or their equivalence affecting 4 of 4 |   |                            |  |                               |                 |
|               |   | 2, Residential Manager and                                |                            |  |                               |                 |
|               |   | fied Professional- QP) and 1                              |                            |  |                               |                 |
|               | of 1 Former Staff (   | #7). The findings are:                                    |                            |  |                               |                 |
|               |   | f staff #1's personnel record                             |                            |  |                               |                 |
|               | revealed:<br>-Hire date of 1/5/15   |   |                            |  |                               |                 |
|               | -Training in CPR w  |   |                            |  |                               |                 |
|               | Review on 9/9/21 o  | f staff #2's personnel record                             |                            |  |                               |                 |
|               | revealed:   | ·   |                            |  |                               |                 |
|               | -Hire date of 12/7/2<br>-Training in CPR w  |   |                            |  |                               |                 |
|               | -   |   |                            |  |                               |                 |
|               | Review on 9/9/21 o<br>personnel record re   | f the Residential Manager                                 |                            |  |                               |                 |
|               | -Hire date of 4/1/08  |   |                            |  |                               |                 |
|               | -Training in CPR w  |   |                            |  |                               |                 |
|               | Review on 9/9/21 o  | f the Team Lead/QP  |                            |  |                               |                 |
|               | personnel record re   | evealed:  |                            |  |                               |                 |
|               | -Hire date of 8/9/10  |   |                            |  |                               |                 |
|               | -Training in CPR w  | as ualeu 0/0/21.  |                            |  |                               |                 |
|               |   | f Former Staff #7's personnel                             |                            |  |                               |                 |
|               | record revealed:  | 0   |                            |  |                               |                 |
|               | -Hire date of 2/15/1<br>ealth Service Regulation  | 0.  |                            |  |                               |                 |

Division of Health S STATE FORM

M5S411

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| Division of Health Service Regulation           STATEMENT OF DEFICIENCIES           AND PLAN OF CORRECTION           (X1) PROVIDER/SUPPLIER/CLIA           IDENTIFICATION NUMBER: |   |   | CONSTRUCTION                 | (X3) DATE SURVEY<br>COMPLETED                           |                 |                 |
|---|---|---|------------------------------|---|-----------------|-----------------|
|   |   |   | A. BUILDING:                 |   |                 |                 |
|   |   | MHL004-003  | B. WING                      |   | 09/             | 09/2021         |
| IAME OF F   | PROVIDER OR SUPPLIER  | STREET A  | DDRESS, CITY, S <sup>-</sup> | TATE, ZIP CODE  |                 |                 |
| ANSON (   | GROUP HOME  |   | NS STREET<br>BORO, NC 281    | 170   |                 |                 |
| (X4) ID   |   | ATEMENT OF DEFICIENCIES                                   | ID                           | PROVIDER'S PLAN OF                                      |                 | (X5)            |
| PRÉFIX<br>TAG   |   | Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION) | PREFIX<br>TAG                | (EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIENC | THE APPROPRIATE | COMPLET<br>DATE |
| V 108   | Continued From page 2   |   | V 108                        |   |                 |                 |
|   | -Date of separation was 8/16/21.<br>-Training in CPR was dated 3/3/20.  |   |                              |   |                 |                 |
|   | Interview on 9/9/21 with the Team Lead/QP   |   |                              |   |                 |                 |
|   | revealed:<br>-That staff work alone during their shift.   |   |                              |   |                 |                 |
|   | <ul> <li>-All trainings consisted of an online curriculum with use of a mouse to simulate chest compression on the virtual mannequin.</li> <li>-CPR compressions were demonstrated by clicking the computer mouse.</li> <li>-Based on the hand position and frequency of clicking the mouse determined the depth of the chest compressions.</li> <li>-This has been the training use in the past and did not think was most effective way of practicing the skill.</li> </ul> |   |                              |   |                 |                 |
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|   |   |   |                              |   |                 |                 |
|   | -Online training fail   | ed to ensure appropriate hand                             |                              |   |                 |                 |
|   | P   |   |                              |   |                 |                 |
|   |   |   |                              |   |                 |                 |
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M5S411