

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL004-003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ANSON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 405 BURNS STREET WADESBORO, NC 28170
---	--

(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 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.	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	This Page Intentionally Left Blank RECEIVED OCT 06 2021 DHSR-MH Licensure Sect	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Louise Winstead, RW, Compliance Specialist</i>	TITLE _____	(X6) DATE <i>09/29/2021</i>
--	----------------	--------------------------------

STATE FORM 6899 M5S411 If continuation sheet 1 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL004-003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ANSON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 405 BURNS STREET WADESBORO, NC 28170
---	--

(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 108	<p>Continued From page 1 clients.</p> <p>This Rule is not met as evidenced by: 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 Association or their equivalence affecting 4 of 4 current staff (#1, #2, Residential Manager and Team Leader/Qualified Professional- QP) and 1 of 1 Former Staff (#7). The findings are:</p> <p>Review on 9/9/21 of staff #1's personnel record revealed: -Hire date of 1/5/15. -Training in CPR was dated 3/1/21.</p> <p>Review on 9/9/21 of staff #2's personnel record revealed: -Hire date of 12/7/20. -Training in CPR was dated 12/13/20.</p> <p>Review on 9/9/21 of the Residential Manager personnel record revealed: -Hire date of 4/1/08. -Training in CPR was dated 3/29/21.</p> <p>Review on 9/9/21 of the Team Lead/QP personnel record revealed: -Hire date of 8/9/10. -Training in CPR was dated 6/6/21.</p> <p>Review on 9/9/21 of Former Staff #7's personnel record revealed: -Hire date of 2/15/16.</p>	V 108	<p>All staff will be trained in Cardiopulmonary Resuscitation (CPR) provided by the American Red Cross to include participation in in-person skills sessions.</p> <p>Monarch's Education Department will ensure staff are trained according to 27G .0202 (F-1) Personnel Requirements.</p> <p>Monarch's Education Department will monitor required trainings by running reports weekly for trainings due in 60 days which will alert staff and managers of upcoming trainings needed to include CPR.</p>	11/8/21
-------	--	-------	--	---------

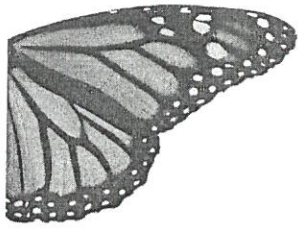
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL004-003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/09/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ANSON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 405 BURNS STREET WADESBORO, NC 28170
---	--

(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 108	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Date of separation was 8/16/21. -Training in CPR was dated 3/3/20. <p>Interview on 9/9/21 with the Team Lead/QP revealed:</p> <ul style="list-style-type: none"> -That staff work alone during their shift. -All trainings consisted of an online curriculum with use of a mouse to simulate chest compression on the virtual mannequin. -CPR compressions were demonstrated by clicking the computer mouse. -Based on the hand position and frequency of clicking the mouse determined the depth of the chest compressions. -This has been the training use in the past and did not think was most effective way of practicing the skill. -Online training failed to ensure appropriate hand placement. 	V 108	This Page Intentionally Left Blank	
-------	---	-------	------------------------------------	--



September 29, 2021

Tamara Gathers, 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: Anson / Annual / September 9, 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
Compliance Specialist – Plan of Corrections
louise.winstead@monarchnc.org
252-289-6512

RECEIVED
OCT 06 2021
DHSP #14 Licensure Ser

