

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/03/2021
NAME OF PROVIDER OR SUPPLIER YADKIN PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 360 YADKIN ROAD SOUTHERN PINES, NC 28387		
(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 follow up survey was completed on September 3, 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 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based	V 107		

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

TITLE

(X6) DATE

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V 107	<p>Continued From page 1</p> <p>upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of three audited staff (#1) had no substantiated finding of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR). The findings are:</p> <p>Review on 9/9/21 of staff #1's personnel record revealed: -Hire date of 7/31/19 and rehire date of 11/18/20. -Job title of paraprofessional. -There was no evidence of a completed Health Care Personnel Registry check upon rehire.</p> <p>Interview on 9/3/21 with Chief Operating Officer (COO) revealed: -"This HCPR must have slipped through the crack to be pulled". -The HCPR check was completed yesterday. -She confirmed the facility failed to ensure there</p>	V 107	<p>Training requirements for Nurse Aide Registry checks was completed by Administrator, Meredith Seals for all HR employees, Lisa Reeder (HR Director) and Malayla Seals (HR Assistant). See attachments 1 and 2. HR Director, Lisa Reeder, will monitor Nurse Aide Registry checks weekly to assure all checks are being completed before hire date. Any new staff hired for HR department will be trained on this requirement fulfillment.</p>	9/7/2021



Training Date: 9/7/2021 Location: Randleman Corporate Office

Training Topic: Training on requirements for Nurse Aide Registry Checks

Instructor: Meredith Seals

Employee's Attended:

Lisa Reeder	
Makayla Seals	

Instructor's Signature: _____



Training Agenda

Date: 09/07/2021

Topic: Training on Nurse Aide Registry Requirements

Trained on the following:

- Nurse Aide Registry Site
- Basic requirements for running NAR check
- Nurse Aide Registry importance of running checks prior to hire
- Must have no pending or confirmed substantiated findings

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V 107	Continued From page 2 was no substantiated findings or neglect listed on the North Carolina Personnel Registry.	V 107		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire and disaster drills under the conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are: Review on 9/2/21 of the facility's fire drills at 2:30pm revealed: -There was no evidence that fire drills had been conducted on 1st shift during the 1st quarter of 2021 and the 3rd quarter of 2020. Review on 9/3/21 of the facility's disaster drills at 12:45pm revealed:	V 114		
		V 114	Staff that works at Yadkin Group Home; Janice Smith, Cassandra Ross, Brian Carthers were retrained on fire and disaster plans. Which included major types of disasters (ie, fire, flood, bombing, theft, tornado, hurricanes, chemical spills, bomb threats, medical emergencies). They were retrained on fire and disaster drills to occur monthly, rotary shifts and times, and different types of fire and disasters according to the seasons throughout the year. See attachment #3 for signatures of staff trained.	9/22/2021

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V 114	<p>Continued From page 3</p> <p>-There was no evidence that fire drills had been conducted on the 1st shift during the 3rd quarter of 2020.</p> <p>Interview on 9/3/21 with the Chief Operating Officer (COO) revealed:</p> <p>-The shifts for fire and disaster drills were 1st shift 8am-4pm, 2nd shift 4pm-12am and 3rd shift 12am-8am.</p> <p>-Staff are aware that fire and disaster drills were to be completed quarterly.</p> <p>-Staff are to document both the time and shift the drill was completed.</p> <p>-She confirmed staff failed to conduct drills under conditions that simulate emergencies under each shift on each quarter.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114	<p>Freda Kletsch, COO and Natasha Austin, Group Home Director worked with employees on proper completion of fire and disaster drills to be carried out for the remainder of the year. Any new staff hired will be trained on fire and disaster plans and proper completion of drills. Natasha Austin, Group Home Director assigned staff will shadow new staff to complete a fire and disaster drill.</p>	9/22/2021

Freda Kletsch COO, 10/4/2021

Therapeutic Alternatives, Inc.

DISASTER PLAN for Yadkin Place Group Home 2018

360 Yadkin Road

Southern Pines, North Carolina 28387

Policy Statement: Therapeutic Alternatives, Inc. management places the safety of consumers and employees foremost in the operation of its facilities. With the well being of persons associated with Therapeutic Alternatives, Inc. in mind, the following policies and procedures have been developed regarding major types of disaster, i.e. fire, flood, bombing, theft, tornado, terrorism, etc.

Activation Authority: The persons designated by the Administrators of Therapeutic Alternatives, Inc. to have authority to activate this plan.

Yadkin Place Group Home: Eric Taylor and/or Company Administrators

This Disaster Plan has been designed for the employees and persons served in the Yadkin Group Home.




EMERGENCY PROCEDURES ARE FOR:

1. Tornados/Hurricanes
2. Utility Failure/Power Outages
3. Assaults/Intruder Workplace Violence
4. Chemical Spills
5. Bomb Threats
6. Medical Emergencies
7. Inclement Weather

EMERGENCY CONTACTS NUMBERS

Yadkin Place Main Phone	910-692-8688
Natasha Austin, Director	910-695-5558
Therapeutic Alternatives Main Phone	336-495-2700
Freda Kletsch, COO	336-633-9176
Kenny Burrow, CEO	336-633-9477
Dean Wilson, CFO	336-633-8981
Cathy Luther, QM Director	336-465-2379
Mitchell Moran, Maintenance	336-633-9543
Mary Jo Chidester, Safety Officer	336-495-2700

Staff Signatures:

1) 
2) 
3) 
3/2/2021 9/22/21.