5C 1

PRINTED: 08/19/2021 FORM APPROVED

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA :///STATEMENT OF (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY DEFICIENCIESAND PLAN OF **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: CORRECTION B. WING MHL069-001 08/18/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 554 HIGHWAY 306 NORTH PAMLICO COUNTY GROUP HOME GRANTSBORO, NC 28529 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on August 18, 2021. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. V 108 27G .0202 (F-I) Personnel Requirements V 108 10A NCAC 27G .0202 PERSONNEL Intentionally Left Blank 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 Division of Health Service Regulation

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

TITLE

TITLE

(k6) DATE

STATE FORM

6899

DNO511

If continuation sheet 1 of

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | | | | | | |
|---|--|---|----------------------------|--|-------------------------------|--|--|--|--|--|--|--|
| AND PLAN OF CORRECTION | | IDENTIFICATION NOMBER. | A. BUILDING: | | COMPLETED | | | | | | | |
| | | MHL069-001 | B. WING | | 08/18/2021 | | | | | | | |
| NAME OF | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | | | | | |
| PAMLICO COUNTY GROUP HOME 554 HIGHWAY 306 NORTH | | | | | | | | | | | | |
| GRANTSBORO, NC 28529 | | | | | | | | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOLICIENCY) | D BE COMPLETE | | | | | | | |
| V 108 | Continued From pa | ge 1 | V 108 | | | | | | | | | |
| | clients. | | | | | | | | | | | |
| | failed to ensure staff cardiopulmonary rest the Red Cross, the or their equivalence | at as evidenced by: view and interview, the facility if were currently trained in suscitation (CPR) provided by American Heart Association, for 2 of 3 staff audited (Staff ead). The findings are: | | Monarch is discussing this citation the Acting Chief of DHSR. Regulstates: That staff member shall be trained in basic first aid including seizure management, currently trait to provide cardiopulmonary resuscitation and trained in the | lation | | | | | | | |
| | Review on 8/17/21 of staff #1's personnel record revealed: - Title of Developmental Specialist Hire date 7/05/94 Training in CPR and First Aid dated 10/02/19. | | | Heimlich maneuver or other first a techniques such as those provided Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. | by | | | | | | | |
| | stated: - CPR/First Aid traini - CPR training partic | ring interviews on 8/17/21 and 8/18/21 staff #1 ted: PR/First Aid training was completed online. PR training participants demonstrated chest inpressions by clicking a computer mouse. | | All staff reviewed have received an completed Red Cross CPR training regulation does not dictate that the training needs to be provided face face (see attached verification). | g. The | | | | | | | |
| | revealed: - Title of Developme - Hire date 7/20/15. | of staff #2's personnel record ntal Specialist. d First Aid dated 2/23/21. | | | | | | | | | | |
| | All training, includir completed online. CPR training partic compressions by clic | B/17/21 staff #2 stated: ng CPR and First Aid were ipants demonstrated chest cking a computer mouse. tell you if your going too fast | | | | | | | | | | |

DNO511

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 | | | | |
|--|---|--|--|--|-------------------------------|--------------------------|--|--|--|
| | | MHL069-001 | B. WING | | 08/ | 18/2021 | | | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 554 HIGHWAY 306 NORTH GRANTSBORO, NC 28529 | | | | | | | | | |
| (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 | - CPR training partic proficiency with the Defibrillator via the Review on 8/17/21 of personnel record re - Title of Team Lead - Hire date 9/12/05 Training in CPR ar During interview on stated: - CPR and First Aid online CPR training partic compressions by clic During interview on Manager stated: - CPR and First Aid online CPR training partic compressions by clic - Sometimes the onl skipped chest compressions by clic - Sometimes the onl skipped chest compressioning of the heapth of chest compressioning of the heapth of chest compressions in CPR; if do could be injured. | cipants also demonstrated Automatic External computer mouse. of the Team Leader's vealed: er. of First Aid dated 1/008/20. 8/18/21 the Team Leader training were completed chance a computer mouse. 8/18/21 the Residential training were completed chance a computer mouse. 8/18/21 the Residential training were completed chance a computer mouse in counting mechanism ressions/mouse clicks, thus it if the participant completed ber of chest compressions. The participant completed ber of chest compressions. The participant completed ber of chest compressions were important in the improperly, the victim mot ensure appropriate hand | V 108 | Intentionally Left Blank | | | | | |

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American Red Cross Training Services

Jennie Smith

has successfully completed requirements for

Adult, Child and Baby First Aid/CPR/AED Online Only: valid 2 Years

Date Completed: 10/02/2019 conducted by: American Red Cross



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Shanika Hudson

has completed the requirements for

Adult

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Date Completed: 01/08/2020

Valid Period: 2 Years Certificate ID: 003DMEE American Red Cross



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Patricia Franks
has completed the requirements for
Adult First Aid/CPR/AED Online Only
conducted by
American Red Cross
Date Completed: 02/23/2021
Valid Period: 2 Years
Certificate ID: 00HPT14



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August 27, 2021

Connie Anderson, 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: Pamlico County / Annual / 8-18-21

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

Louis histerd, RN

252-289-6512

