

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL077-060	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2021
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NAME OF PROVIDER OR SUPPLIER CHARLOTTE STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 113 CHARLOTTE STREET HAMLET, NC 28345
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on September 30, 2021. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C, Supervised Living for Adults with Developmental Disabilities</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(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.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and</p>	V 108		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 108	<p>Continued From page 1</p> <p>clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 3 staff were currently trained in cardiopulmonary resuscitation (CPR) provided by the Red Cross, the American Heart Association (Staff #1, #2, and #3) The findings are:</p> <p>Review on 9/30/21 of Staff #1's (Developmental Specialist) personnel record revealed: - Title of Developmental Specialist. - Hire date 7/23/21. - Training in CPR and First Aid dated 4/28/2016.</p> <p>Review on 9/30/21 of staff #2's personnel record revealed: - Title of Developmental Specialist. - Hire date 8/9/10. - Training in CPR and First Aid dated 7/8/21.</p> <p>Review on 9/30/21 of staff #3's personnel record revealed:: - Title of Qualified Professional. - Hire date 7/25/11. - Training in CPR and First Aid dated 6/3/21.</p> <p>During an interview on 9/30/21 staff #3 stated - " CPR and First Aid training were completed online for all staff. CPR training participants demonstrated chest compressions by clicking a computer mouse."</p>	V 108		