

Course Participants



Date 10-10-2021 Course HS-FA-CPR-AED

Lead Instructor Taylor Nelson

Lead Instr. ID# 02180658762

Name and Email <small>Please PRINT as you wish your name to appear on your card. Please print email address legibly.</small>		Mailing Address/Telephone		Complete/ Incomplete	Remediation Complete (if applic)
1. Danielle Winstead	dwinstead87@gmail.com			Complete	
2. Theresa Winstead	thwinstead@yahoo.com			Complete	
3. David Winstead	davidwinstead1@icloud.com			Complete	
4. Cara L. Lemons	CaraLemons1971@gmail.com			Complete	
5.					
6.					
7.					
8.					
9.					
10.					

PRINTED: 09/09/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL073-061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/08/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MCDANIEL HOME #1**192 COUNTRY CLUB ROAD
ROXBORO, NC 27674**

(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 8, 2021. Deficiency cited. This 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	V 108	<i>CPR + First Aid Completed</i>	<i>10/10/21</i>

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6003

MFS511

If continuation sheet 1 of 3

PRINTED: 09/14/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL073-047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/10/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MCDANIEL HOMES #3**66 MAGGIE LANE
ROXBORO, NC 27673**

(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)	(X6) COMPLETE DATE
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Division of Health Service Regulation

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

TITLE

(X8) DATE

STATE FORM

6600

UJZ11

If continuation sheet 1 of 3



PO BOX 1636
Roxboro, NC 27574
Phone: 336-599-1073 Fax: 336-599-8186
E-Mail: McDanielhomes01@gmail.com

Date:

10/12/21

Send To:

Caitlin Hicks

Attention:

Office Location:

From:

Donald McDaniel

Office Location:

Phone Number:

Total Pages Including Cover:

(4)

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Urgent

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Reply ASAP

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Please Comment

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For Your Information

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Comments:

Survey Correction

This is the documentation for the
McDaniel Homes LLC Staff CPR+ First Aid