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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3  A. BUILDING:			X3) DATE SURVEY COMPLETED	
		MHL077-007	B. WING		40/0	VE /2024	
		MHL077-007			10/2	5/2021	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
RICHMO	ND ADULT GROUP H	OMF	CHURCH S' E, NC 28338	TREET			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ON	(X5)	
PRÉFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE	
V 000	00 INITIAL COMMENTS		V 000				
	An annual survey w 2021. A deficiency	ras completed on October 25, was cited.					
	category: 10A NCA	ed for the following service C 27G .5600C Supervised h Developmental Disabilities.					
V 108	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		V 108				
	reporting, investigat	and procedures for identifying, ting and controlling infectious diseases of personnel and					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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DIVISION OF HEARTN SERVICE REQUIATION  STATEMENT OF DEFICIENCIES (VA) PROVIDER/SUPPLIER/GUA		(Y2) MULTIPL	E CONSTRUCTION	(X3) DATE	QLID\/EV		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C AND PLAN OF CORRECTION IDENTIFICATION NUMBE		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. DOILDING.				
MHL077-007		B. WING		10/25/2021			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
DIOLIMO	ND ADULT ODOLID II	190 EAST	CHURCH S	TREET			
RICHMO	ND ADULT GROUP H	ELLERBE	, NC 28338				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DRRECTIVE ACTION SHOULD BE COMPLETE FERENCED TO THE APPROPRIATE DATE		
V 108	Continued From page 1		V 108				
	clients.						
	olicitis.						
	This Rule is not me	et as evidenced by:					
		view and interview, the facility					
		ff were currently trained in					
		suscitation (CPR) provided by					
the American Red Cross, t							
	Association or their equivalence affecting 4 of 4 audited staff (#1, #2, Residential Manager and						
		eader). The findings are:					
	Review on 10/25/21 of staff #1's personnel record						
	revealed:	. о. о					
	-Hire date of 9/14/20.						
	-Training in CPR wa	as dated 9/16/20.					
	Review on 10/25/21	1 of staff #2's personnel record					
	revealed:	_					
	-Hire date of 3/11/19						
	-Training in CPR wa	as dated 2/20/20.					
	Review on 10/25/21	1 of the Residential Manager					
	personnel record re	evealed:					
	-Hire date of 12/5/0						
	-Training in CPR wa	as dated 3/24/21.					
	Review on 10/25/21	1 of the Residential Team					
	Leader record reve						
	-Hire date of 7/25/1						
	-Training in CPR wa	as dated 6/3/21.					
	Interview on 10/21/	21 with the Residential Team					
	Leader revealed:	21 with the Residential realif					
		o click for the compressions					
	for CPR on the com						

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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  RICHMOND ADULT GROUP HOME  190 EAST CHURCH STREET  ELLERBE, NC 28338  [X4] ID PRETRY TAG (SACH DEFICIENCE) (	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
RICHMOND ADULT GROUP HOME  190 EAST CHURCH STREET ELLERBE, NC 28338  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 108  Continued From page 2  -This has been the training used for a while, we as staff expressed our concerns a while backThree of four homes that I supervised will have training next week, October 26, 2021She confirmed the online training failed to ensure			MHL077-007	B. WING		10/2	25/2021
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 108 Continued From page 2  -This has been the training used for a while, we as staff expressed our concerns a while backThree of four homes that I supervised will have training next week, October 26, 2021She confirmed the online training failed to ensure	NAME OF	PROVIDER OR SUPPLIER					
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 108  Continued From page 2  -This has been the training used for a while, we as staff expressed our concerns a while backThree of four homes that I supervised will have training next week, October 26, 2021She confirmed the online training failed to ensure	RICHMO	ND ADULT GROUP H					
-This has been the training used for a while, we as staff expressed our concerns a while backThree of four homes that I supervised will have training next week, October 26, 2021She confirmed the online training failed to ensure	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SECROSS-REFERENCED TO THE AP	HOULD BE	(X5) COMPLETE DATE
	V 108	-This has been the as staff expressed -Three of four home training next week, -She confirmed the	training used for a while, we our concerns a while back. es that I supervised will have October 26, 2021. online training failed to ensure	V 108			

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