

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL077-058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/20/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAUTHEN DRIVE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1401 CAUTHEN DRIVE ROCKINGHAM, NC 28379</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on October 20, 2021. A deficiency was cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></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 staff were currently trained in cardiopulmonary resuscitation (CPR) provided by the American Red Cross, the American Heart Association or their equivalence affecting 4 of 4 audited staff (#1, #2, Residential Manager and Residential Team Leader). The findings are:</p> <p>Review on 10/20/21 of staff #1's personnel record revealed: -Hire date of 10/17/11. -Training in CPR was dated 4/27/21.</p> <p>Review on 10/20/21 of staff #2's personnel record revealed: -Hire date of 12/13/10. -Training in CPR was dated 4/10/21.</p> <p>Review on 10/20/21 of the Residential Manager personnel record revealed: -Hire date of 1/4/05. -Training in CPR was dated 7/27/21.</p> <p>Review on 10/20/21 of the Residential Team Leader record revealed: -Hire date of 7/25/11. -Training in CPR was dated 6/3/21.</p> <p>Interview on 10/20/21 with the Residential Team Leader revealed: -We use a mouse to click for the compressions for CPR on the computer.</p>	V 108		

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V 108	Continued From page 2  -This has been the training used for a while, we as staff expressed our concerns a while back. -Three of four homes that I supervised will have training one day next week. -She confirmed the online training failed to ensure appropriate hand placement.	V 108		