



Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL077-007</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>10/25/2021</b> |
|--|---|---|---|

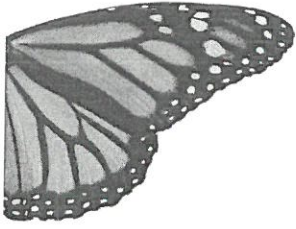
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RICHMOND ADULT GROUP HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>190 EAST CHURCH STREET<br/>ELLERBE, NC 28338</b> |
|--|--|

| (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 |
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| V 108 | <p>Continued From page 1 clients.</p> <p>This Rule is not met as evidenced by:<br/>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 10/25/21 of staff #1's personnel record revealed:<br/>-Hire date of 9/14/20.<br/>-Training in CPR was dated 9/16/20.</p> <p>Review on 10/25/21 of staff #2's personnel record revealed:<br/>-Hire date of 3/11/19.<br/>-Training in CPR was dated 2/20/20.</p> <p>Review on 10/25/21 of the Residential Manager personnel record revealed:<br/>-Hire date of 12/5/05.<br/>-Training in CPR was dated 3/24/21.</p> <p>Review on 10/25/21 of the Residential Team Leader record revealed:<br/>-Hire date of 7/25/11.<br/>-Training in CPR was dated 6/3/21.</p> <p>Interview on 10/21/21 with the Residential Team Leader revealed:<br/>-We use a mouse to click for the compressions for CPR on the computer.</p> | V 108 | <p>All staff will be trained in cardiopulmonary resuscitation (CPR) provided by American Red Cross to include participation in in-person skills session.</p> <p>Monarch's Education Department will ensure staff are trained according to 27G .0202. (F-1) Personnel Requirements.</p> <p>Monarch's Education Department will monitor required trainings by running reports weekly for trainings due in 60 days which will alert staff and managers of upcoming trainings needed to include CPR.</p> | 12/24/2021 |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RICHMOND ADULT GROUP HOME</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>190 EAST CHURCH STREET<br/>ELLERBE, NC 28338</b> |   |   |
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| V 108  | Continued From page 2<br><br>-This has been the training used for a while, we as staff expressed our concerns a while back.<br>-Three of four homes that I supervised will have training next week, October 26, 2021.<br>-She confirmed the online training failed to ensure appropriate hand placement. | V 108  | Page Intentionally Left Blank   |   |



DHSR - Mental Health

NOV 5 2021

Lic. & Cert. Section

November 2, 2021

Tamara Gathers, 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: Richmond Adult GH / Annual / October 25, 2021

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](mailto:louise.winstead@monarchnc.org)  
252-289-6512

