PRINTED: 10/25/2021 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL077-058 B. WING 10/20/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1401 CAUTHEN DRIVE CAUTHEN DRIVE HOME ROCKINGHAM, NC 28379 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on October 20, 2021. A deficiency was cited. DHSR - Mental Health The facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. V 108 27G .0202 (F-I) Personnel Requirements Lic. & Cert. Section 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 Page Intentionally Left Blank 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 and communicable diseases of personnel and Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE STATE FORM If continuation sheet 1 of 3

PRINTED: 10/25/2021

FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 10/20/2021 MHL077-058 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1401 CAUTHEN DRIVE CAUTHEN DRIVE HOME ROCKINGHAM, NC 28379 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 108 V 108 | Continued From page 1 clients. This Rule is not met as evidenced by: 12/19/2021 All staff will be trained in Based on record review and interview, the facility cardiopulmonary resuscitation (CPR) failed to ensure staff were currently trained in provided by American Red Cross to cardiopulmonary resuscitation (CPR) provided by include participation in in-person skills the American Red Cross, the American Heart session. Association or their equivalence affecting 4 of 4 audited staff (#1, #2, Residential Manager and Monarch's Education Department will Residential Team Leader). The findings are: ensure staff are trained according to 27G .0202. (F-1) Personnel Review on 10/20/21 of staff #1's personnel record Requirements. revealed: -Hire date of 10/17/11. Monarch's Education Department will -Training in CPR was dated 4/27/21. monitor required trainings by running reports weekly for trainings due in 60 Review on 10/20/21 of staff #2's personnel record days which will alert staff and managers revealed: of upcoming trainings needed to include -Hire date of 12/13/10. CPR. -Training in CPR was dated 4/10/21. 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. 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.

Leader revealed:

for CPR on the computer.

Interview on 10/20/21 with the Residential Team

-We use a mouse to click for the compressions

X5UK11

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROV

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		MHL077-058	B. WING		10/2	20/2021	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
CAUTHEN DRIVE HOME 1401 CAUTHEN DRIVE ROCKINGHAM, NC 28379							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE		
V 108	Continued From page 2		V 108				
	-This has been the as staff expressed of -Three of four home training one day ne	training used for a while, we our concerns a while back. es that I supervised will have xt week. online training failed to ensure					
				Page Intentionally Left Blan			
				545			

Division of Health Service Regulation

6899





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: Cauthen Drive / Annual / October 20, 2021

DHSR - Mental Health

NOV 5 2021

Lic. & Cert. Section

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,

James Winstead, RN

Louise Winstead, RN Compliance Specialist – Plan of Corrections louise.winstead@monarchnc.org 252-289-6512

