PRINTED: 01/05/2022 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING:		COMPLETED			
		MHL032-620	B. WING		12/30/2021			
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE				
DEDOVE HOMES, INC 1717 NORTH ALSTON AVENUE								
DEDOVE	HOWES, INC	DURHAM,	NC 27701					
(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 SHOULD BE CON		(X5) COMPLETE DATE		
V 000	INITIAL COMMENTS		V 000					
	An annual survey wa 30, 2021. Deficiencie	s completed on December s were cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.							
V 108	108 27G .0202 (F-I) Personnel Requirements		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 implement policies and procedures for identifying,							

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

(X6) DATE TITLE

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			A. BOILDING.			
		MHL032-620	B. WING		12/30/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DEDOVE	DEDOVE HOMES, INC 1717 NORTH DURHAM, N			'ENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 108	Continued From page clients.	÷ 1	V 108			
	This Rule is not met as evidenced by: Based on interviews, and record reviews, the facility failed to provide training for one of one staff (#1). The findings are:  Review on 12/30/21 of Staff #1's record revealed: -Hire date: 10/28/21 -Position title: Paraprofessional -No documentation of training based on the population served.  During an interview on 12/30/21 Staff #1 stated; - "I did not receive any training from the agency".  Record review on 12/30/21 of Client #1's record revealed: - Admission Date: 4/1/20 Diagnoses: Schizophrenia and Hypertention					
	Record review on 12/ revealed: - Admission Date: 10/ -Diagnoses: Schizoaf Depression					
	revealed: - Admission Date: 7/1 - Diagnosis: Intellectu  During an interview o					
	Professional stated: - "I'm responsible in to	raining all staff. I have not				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL032-620	B. WING		12/30/2021	
NAME OF PROVIDER OR SUPPLIER STREET ADDRI				TE, ZIP CODE		
DEDOVE I	HOMES, INC	1717 NOR DURHAM,	TH ALSTON AV	/ENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE COMPLET  CROSS-REFERENCED TO THE APPROPRIATE DATE  DEFICIENCY)		COMPLETE
V 108	Continued From page 2		V 108			
	completed the training for [Staff #1]."					
V 114	27G .0207 Emergency Plans and Supplies		V 114			
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES  (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.  (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.  (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.  (d) Each facility shall have basic first aid supplies accessible for use.					
	failed to assure disast least quarterly on each puring record review - No written documen conducted at least quarterview on 12/30/20	ew and interview, the facility ter drills were conducted at th shift. The findings are: on 12/30/21 revealed: tation of disaster drills being				

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