

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2022
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NAME OF PROVIDER OR SUPPLIER L & J HOMES- APPLE STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 816 APPLE STREET BURLINGTON, NC 27216
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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>INITIAL COMMENTS</p> <p>An annual survey was completed on January 25, 2022. A deficiency was cited.</p> <p>This facility is licensed for the following service category 10A NCAC 27G .5600 Supervised Living for Adults with Developmental Disabilities.</p> <p>The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</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</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>implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure three of three audited staff (#4, #5, #6) had training to meet the needs of the clients as specified in the treatment/habilitation plan. The findings are:</p> <p>Review on 1/25/22 of Staff #4's personnel file revealed: -Hire date of 10/29/13. -He was hired as Direct Care Worker/CAP-MR/DD Aid. -Staff #4 had no documentation of training to meet the mental health and developmental disability needs of the clients.</p> <p>Review on 1/25/22 of Staff #5's personnel file revealed: -Hire date of 9/14/17. -He was hired as Direct Care Worker/CAP-MR/DD Aid. -Staff #5 had no documentation of training to meet the mental health and developmental disability needs of the clients.</p> <p>Review on 1/25/22 of Staff #4's personnel file revealed: -Hire date of 12/3/20. -She was hired as Direct Care Worker/CAP-MR/DD Aid.</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>-Staff #4 had no documentation of training to meet the mental health and developmental disability needs of the clients.</p> <p>Interview on 1/25/22 with the Qualified Professional revealed:</p> <p>-Whenever a new staff started working, he would have sat down with them during the Person Centered Training and explained each of the client's diagnoses at the house.</p> <p>-He did not know he needed to keep record that the training had been conducted.</p> <p>-He confirmed there was no documentation of training to meet the mental health and developmental disability needs of the clients for staff #4, #5 and #6.</p>	V 108		