

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/15/2022
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NAME OF PROVIDER OR SUPPLIER A TOUCH FROM THE HEART	STREET ADDRESS, CITY, STATE, ZIP CODE 339 RAMSEUR JULIAN ROAD RAMSEUR, NC 27316
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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
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V 000 INITIAL COMMENTS V 000

An annual survey was completed on February 15, 2022. A deficiency was cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.

The survey sample consisted of audits of 1 current client.

V 108 27G .0202 (F-I) Personnel Requirements V 108

10A NCAC 27G .0202 PERSONNEL REQUIREMENTS

(f) Continuing education shall be documented.

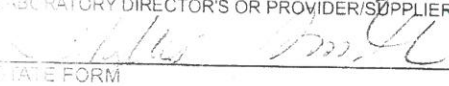
(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:

- (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

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE <i>2/19/2022</i>
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V 108 Continued From page 1

implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.

This Rule is not met as evidenced by:
Based on records review and interview, the facility failed to ensure staff had training in Cardiopulmonary Resuscitation and First Aid for one of two audited staff (the Owner). The findings are:

Review on 2/15/22 of the Owner's personnel file revealed:
-Hire date of 1989.
-Documentation of Cardiopulmonary Resuscitation and First Aid training on file for the Owner expired on 1/4/22.

Interview on 2/15/22 with the Owner revealed:
-The group home used American Safety & Health Institute as it's curriculum for Cardiopulmonary Resuscitation and First Aid.
-She was aware that her Cardiopulmonary Resuscitation and First Aid had expired.
-She had contacted trainer to set up a date for the training next month.
-She confirmed she did not have an updated training in Cardiopulmonary Resuscitation and First Aid.

V 108

A Touch From The Heart Administrator will continue to follow up with all trainers after each training to secure copies of each training certificate. The training had been completed but the certificate had never been sent. The certificate outstanding has been secured. Trainer informed Admin. The last training certificate was in the mail. Completed date 2/18/22

CPR, AED, and Basic First Aid

CERTIFICATION CARD

Thyllis Smith

has successfully completed and competently performed the required knowledge and skill objectives for this program.

- Adult Adult and Child Adult, Child, and Infant

Card is void if more than one box is checked.



Allen Brewer

Authorized Instructor (Print Name)

Registry No.

10/13/2021

Class Completion Date

10/13/2023

Expiration Date

3362106641

Trans ID

53973 I.D.

This card certifies the above named individual has successfully completed the required objectives and hands-on skill evaluations to the satisfaction of a currently authorized ASHI Instructor. This program conforms to the 2015 AHA Guidelines Update for CPR and ECC and the 2015 AHA and ARC Guidelines Update for First Aid. This program is not designed to meet pediatric first aid training regulatory requirements and should not be used for that purpose. Expiration date may not exceed two years from month of class completion.

Rate Your Program

Have a comment about the class or a suggestion for improvement? You can provide your input directly at www.hsi.com/rateyourprogram

HSI Passport

Go online to access your HSI Passport for additional training resources:

- Metronome for CPR Rate
- CPR and First Aid Skill Guides
- Digital download of Student Book
- E-mail Renewal Notification
- Rate Your Program Survey

Find the mobile app in the appstore on your smartphone or tablet.



Register now at hsi.com/passport

Registration Code: 152662



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

February 17, 2022

Thyllis Smith
P.O. Box 1165
Ramseur, NC 27316

Re: Annual Survey completed February 15, 2022
A Touch From The Heart. 339 Ramseur Julian Road, Ramseur, NC 27316
MHL # 076-062
E-mail Address: Msthyl@msn.com

Dear Ms. Smith:

Thank you for the cooperation and courtesy extended during the Annual survey completed February 15, 2022.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is 4/16/22.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

February 17, 2022
A Touch From The Heart
Thyllis Smith

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown, Team Leader at 919-855-3822.

Sincerely,



Edgar Garrido, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR_Letters@sandhillscenter.org
Pam Pridgen, Administrative Assistant