

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-163	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/25/2022
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NAME OF PROVIDER OR SUPPLIER MISS DAISY'S HOMESITE	STREET ADDRESS, CITY, STATE, ZIP CODE 1307 GROVE STREET WILSON, NC 27893
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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 and follow up survey was completed on February 25, 2022. A deficiency was cited.</p> <p>The facility is licensed for the follow service category: 10 NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The survey sample consisted of audits of 3 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, observations and interviews, the facility failed to provide training to meet the needs of the clients for 2 of 2 direct care staff audited (Staff #2, Staff #3). The findings are:</p> <p>Review on 2/25/22 of client #3's record revealed: -52 year old female -Admission date 12/23/03 -Diagnoses included mild intellectual disabilities, unspecified mood disorder, unspecified psychological condition, unspecified psychosis, cerebral palsy, seizure disorder, hypertension, hyperlipidemia, gastroesophageal reflux disease (GERD), history of head injury as a child. -Continuous positive airway pressure (CPAP) machine used at night due to sleep apnea in treatment plan dated 9/1/21.</p> <p>Review on 2/25/22 of staff #3's personnel file revealed: -Hire date, 5/7/97. -No documentation of training on sleep apnea, CPAP, or the CPAP cleaner and sanitizer machine.</p> <p>Review on 2/25/22 of staff #2's personnel file revealed: -Hire date, 2/25/02. -No documentation of training on sleep apnea,</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>CPAP, or the CPAP cleaner and sanitizer machine.</p> <p>Interview on 2/25/22 the Assistant Director stated: -Staff had been trained on the use of sleep apnea the CPAP, CPAP cleaner and sanitizer machine. -A copy of the training had not been placed in the staff personnel files. -He could not locate the documentation of the training for sleep apnea, the CPAP, CPAP cleaner and sanitizer machine. -There had been no adverse incidents with the use of the CPAP machine with client #3.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 108		