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 MHL054-095 04/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1612 HARDEE ROAD HARDEE ROAD GROUP HOME KINSTON, NC 28501 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS 5/3/22 V 000 Staff will be trained in CPR/First Aid during next scheduled training in April 2022. Supervisior will monitor training expiration An annual and complaint survey was completed dates monthly. on April 18, 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. 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 RECEIVED 10A NCAC 26B: (3) training to meet the mh/dd/sa needs of the MAY 0 6 2022 client as specified in the treatment/habilitation plan; and **DHSR-MH Licensure Sect** (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

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

and communicable diseases of personnel and

CEO/Wenter 5/3
If continuation sheet

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL054-095	B. WING			24/40/2020	
					04/	04/18/2022	
4642 HARRES ROAD							
HARDEE ROAD GROUP HOME KINSTON, NC 28501							
(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 CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ACTION SHOULD BE COMPLET DATE		
V 108	Continued From page 1		V 108				
	clients.						
	This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff were currently trained in Cardiopulmonary Resuscitation (CPR) and First Aid affecting 1 of 4 audited staff (House Manager (HM)). The findings are:						
Review on 4/18/22 of the HM's personnel record							
	revealed: - Date of hire: 4/28/00 CPR and First Aid training expired effective						
	2/26/22.						
	Interview on 4/14/22 and 4/18/22 the HM stated: - She had worked at the facility for over 20 years.						
	 She filled in shifts as needed. She would have her name added to the 						
available CPR and First Aid to offered for facility employees.		First Aid training course being					
	- She didn 't realize that she was out of compliance with CPR and First Aid requirements.						
		7					
						ì	