PRINTED: 07/15/2022 Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_ COMPLETED MHL080-164 B. WING NAME OF PROVIDER OR SUPPLIER 06/29/2022 STREET ADDRESS, CITY, STATE, ZIP CODE CABARRUS COUNTY GROUP HOME 5 106 SOUTH FRANKLIN STREET CHINA GROVE, NC 28023 SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on 6/29/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC .5600C Supervised Living for Adults with Developmental Disabilities. attached The facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients. 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 (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

equivalence for relieving airway obstruction. Division of Health Service Regulation

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

the American Heart Association or their

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,

6899

#### Cabarrus County Group Homes

288 Aviation Drive China Grove, NC 28083 (704)855-0004

Plan of Correction for DHSR survey completed on 6/29/22

For: Cabarrus County Group Home#5

MHL#: 080-164

V118 Medication Administration

CCGH will ensure all medications are administered as ordered, the pharmacy is notified of any missing/unavailable medications immediately and any clients who self administers medications will have signed doctor's orders in the record. The following steps will be taken to ensure the above happens:

- MARs will be monitored and reviewed by the Administrative Assistant and/or QP for compliance monthly.
- A system has been put in place to document all contact with the pharmacy to ensure ongoing communication regarding missing/unavailable medications to ensure clients do not miss any doses(see copy of forms). Also CCGH will continue to complete incident reports for any medication errors as well as notify the doctor and pharmacy.
- Staff will notify the Administrative Assistant prior to a client running out of medications in order that the pharmacy and/or doctor can be contacted asap to prevent a lapse in medication availability. The Administrative Assistant will ensure the pharmacy and/or doctor has been provided all the information regarding the medication issues.
- Any client self-administered medications will have a doctor's order in the record. Any issues with client self administration will be reported by the staff to the QP and the Administrative Assistant for re-evaluation of client ability to self-administer.
   Administrative Assistant and/or QP will monitor for compliance.

#### V108 Staff Training

CCGH will ensure all staff have completed training to meet client needs.

- Staff were trained in Diabetes on 6/30/22
- QP will ensure all staff are trained on client needs as indicated in the treatment plan
- QP will review all client diagnoses to ensure staff are trained in all areas to meet the client needs
- Any new medical/behavioral/mental health issues that arise, staff will complete training to meet the client needs.

Ginger Pope

**CCGH Administrator** 

# Cabarrus County Group Homes, Inc.

### WEDICAL PROGRESS NOTE

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# REFILL REQUEST FORM



DATE	
	1401 JAKE ALEXANDER BLVD S
FACILITY NAME	SALISBURY, NC 28146 PHONE 704-918-4833
	FAX 866-380-1678

RESIDENT NAME	DATE OF BIRTH	PRESCRIPTION NUMBER	MEDICATION PATIENT IS IN NEED OF	STAFF INITIALS
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