

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-309	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/16/2023
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NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING AT RANSOM RD	STREET ADDRESS, CITY, STATE, ZIP CODE 355 RANSOM ROAD WINSTON SALEM, NC 27106
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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 5/16/23. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities.</p> <p>This facility is licensed for four and currently has a census of one. The survey sample consisted of one current client.</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> <ol style="list-style-type: none"> (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. <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>	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>(i) The governing body shall develop and 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 review and interviews the facility failed to ensure staff were trained to meet the mental health/developmental disability/substance abuse (mh/dd/sa) needs of the clients and failed to have at least one staff member in the facility trained to provide cardiopulmonary resuscitation (CPR) and first aid, effecting one of three audited staff. (Staff #1).</p> <p>Review on 5/16/23 of staff #1's personnel file revealed: -Hire date 5/16/21; -Job description of a Paraprofessional; - No documentation training in mh/dd/sa or current CPR and First Aid Training had been completed.</p> <p>Interview on 5/16/23 with staff #1 revealed: -Worked primarily 2nd shift at the facility; -Routinely worked alone with clients.</p> <p>Interview on 5/16/23 with the Qualified Professional revealed: - Staff #1 had completed training in mh/dd/sa but he was unable to provide documentation; -Staff #1's training in CPR and First Aid had expired the previous month; -"We can't find the client specific training and the</p>	V 108		

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V 108	Continued From page 2 CPR first Aid ran out last month. You're just going to have to ding us".	V 108		