

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2023
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NAME OF PROVIDER OR SUPPLIER EUGENE DRIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 601 EUGENE STREET REIDSVILLE, NC 27320
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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 survey was completed on June 9, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 4. 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> <ul 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 interview, the facility failed to ensure at least one staff member was available at all times and trained in cardiopulmonary resuscitation (CPR), the Heimlich maneuver and first aid for 1 of 3 audited staff (House Manager (HM)). The findings are:</p> <p>Review on 6/8/23 of the HM's personnel record revealed: -Hire date of 9/11/18 -No training in cardiopulmonary resuscitation and the Heimlich maneuver or other first aid techniques equivalent to the Red Cross and the American Heart Association.</p> <p>Interview on 6/8/23 with the HM revealed: -She usually worked 1st shift from 8 am to 2 pm but did work some on 3rd shift alone from 8 pm-8am -She took an online course for her CPR/First Aid training because she was "running out of time" (to be recertified) and took the course "at the last minute" -The online course had a written test at the end and there was no hands-on practice included -She would get the approved training as soon as possible.</p>	V 108		

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V 108	Continued From page 2 Interview on 6/8/23 with the Qualified Professional (QP#1) revealed: -She would follow up with QP#2 who was responsible for ensuring staff were appropriately trained.	V 108		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to be maintained in a safe, attractive and orderly manner. The findings are: Observation on 6/8/23 of the facility's "handicapped" bathroom at approximately 12:10 pm revealed: -The vinyl flooring was cracked in 4 places around a drain that was located in the middle of the bathroom between the sink, toilet and walk-in shower -The size of the crack around the drain was approximately one foot wide and 2-3 feet in length and exposed the wood subflooring -The vinyl flooring was peeled back from a seam that was approximately 4 feet in length and located between the toilet and sink area.	V 736		

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V 736	<p>Continued From page 3</p> <p>Interview on 6/8/23 with the House Manager (HM) revealed: -All the clients were allowed to use the "handicapped" bathroom -The flooring had been "like this" since she started work at the facility in October 2022 -The house was owned by a management company -A work order to repair the floor had been placed into the property owner by "someone" and she understood the supplies had not come in.</p> <p>Interview on 6/8/23 with the Qualified Professional (QP #1) revealed: -She did not know who placed a work order in for the floor to be repaired -The date the work order was placed was unknown.</p> <p>Interview on 6/8/23 with QP #2 and the property inspector revealed: -He had been a property inspector for the management company for about 1 year -He knew the bathroom floor needed to be repaired -Any additional information had to be gathered by contacting another staff with the property management company.</p>	V 736		