Division of Health Service Regulation

\begin{tabular}{|c|c|c|c|c|c|}
\hline \multicolumn{2}{|l|}{STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION} \& \begin{tabular}{l}
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: \\
MHL001-150
\end{tabular} \& \multicolumn{2}{|l|}{\begin{tabular}{l}
(X2) MULTIPLE CONSTRUCTION \\
A. BUILDING: \(\qquad\) \\
B. WING \(\qquad\)
\end{tabular}} \& SURVEY LETED
99/2023 \\
\hline \multicolumn{6}{|l|}{\begin{tabular}{ll} 
NAME OF PROVIDER OR SUPPLIER \& STREET ADDRESS, CITY, STATE, ZIP CODE \\
YOUTH BUILDERS, LLC \& 2423 MORNINGSIDE DRIVE \\
\& BURLINGTON, NC 27217
\end{tabular}} \\
\hline ( X 4 ) ID PREFIX TAG \& \multicolumn{2}{|l|}{SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)} \& \[
\begin{gathered}
\text { ID } \\
\text { PREFIX } \\
\text { TAG }
\end{gathered}
\] \& PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) \&  \\
\hline V 000 \& \multicolumn{2}{|l|}{\begin{tabular}{l}
INITIAL COMMENTS \\
An annual, complaint and follow-up survey was completed on August 9, 2023. The complaint was unsubstantiated (intake \#NC00205226). Deficiencies were cited. \\
This facility is licensed for the following service category: 10A NCAC 27G . 1700 Residential Treatment Staff Secure for Children or Adolescents. \\
This facility is licensed for 4 and currently has a census of 4 . The survey sample consisted of audits of 3 current clients and 1 former client. \\
27G. 0202 (F-I) Personnel Requirements \\
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 \(\mathrm{mh} / \mathrm{dd} / \mathrm{sa}\) needs of the client as specified in the treatment/habilitation plan; and \\
(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
\end{tabular}} \& \(\checkmark 000\) \& \begin{tabular}{l}
Staff members will be trained in basic first aid and including seizure management, 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. AP, QP or will monitor personnel charts quarterly to ensure trainings are current. \\
Group home will implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients
\end{tabular} \& \(9 / 8 / 23\)

$9 / 8 / 23$ \\
\hline \multicolumn{6}{|l|}{Division of Health Service Regulation} \\

\hline LABORATORY \& DIRECTOR'S OR PROV \&  \& TURE \& $$
\text { 2wnes } \frac{\text { Title }}{2 / 21 / 23}
$$ \& X6) DATE \\

\hline
\end{tabular}

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <br> MHL001-150 | (X2) MULTIPLE CONSTRUCTIONA. BULDING:B. WING |  | (X3) DATE SURVEY COMPLETED <br> R 08/09/2023 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE <br> YOUTH BUILDERS, LLC 2423 MORNINGSIDE DRIVE <br>  BURLINGTON, NC 27217 |  |  |  |  |  |
| (X4) 1 D PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) |  | $\begin{gathered} \text { ID } \\ \text { PREFIX } \\ \text { TAG } \end{gathered}$ | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) |  |
| V 108 | Continued From techniques such the American H equivalence for <br> (i) The governi implement polic reporting, inves and communica clients. <br> This Rule is no Based on recor facility failed to Cardiopulmona one of three au <br> Review on 8/9/2 revealed: <br> -Hire date of $7 / 2$ <br> -He was hired a <br> -Documentation <br> Resuscitation a <br> Interview on 8/9 revealed: <br> -She was unaw Cardiopulmonary expired. <br> -She remember agency's most Cardiopulmonar -She confirmed training in Cardi First Aid. | ge 1 <br> those provided by Red Cross, Association or their eving airway obstruction. ody shall develop and and procedures for identifying, ing and controlling infectious diseases of personnel and <br> as evidenced by: view and interview, the ure staff had training in esuscitation and First Aid for staff (\#4). The findings are: <br> Staff \#7's personnel file <br> Residential Counselor. raining in Cardiopulmonary irst Aid was expired. <br> with the House Manager <br> hat Staff \#7's training on esuscitation and First Aid had <br> hat Staff \#7 did not attend training on esuscitation and First Aid \#4 did not have an updated monary Resuscitation and | V 108 |  |  |

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <br> MHL001-150 | (X2) MULTIPLE CONSTRUCTION <br> A. BUILDING: $\qquad$ <br> B. WING $\qquad$ |  | URVEY ETED <br> /2023 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE <br> YOUTH BUILDERS, LLC 2423 MORNINGSIDE DRIVE <br>  BURLINGTON, NC 27217 |  |  |  |  |  |
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| $\vee 736$ $V 736$ | Continued From page 2 <br> 27G.0303(c) Facility and Grounds Maintenance <br> 10A NCAC 27G . 0303 LOCATION AND EXTERIOR REQUIREMENTS <br> (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. <br> This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, orderly and attractive manner. The findings are: <br> Observation on 8/9/23 at about 12:30 pm of the Kitchen revealed: <br> -Sink was clogged and water would back-up. <br> Observation on 8/9/23 at about 12:35 pm of the Hall Bathroom revealed: <br> -Door was off its hinges and on the side. Clients had to lift door and move it to block the entrance. <br> Observation on 8/9/23 at about 12:38 pm of Client \#4's bedroom revealed: <br> -Door was off its hinges. <br> -Several patches of paint peeled off from the wall. -Dent/crack on wall by light switch about the size of a baseball. <br> Observation on 8/9/23 at about 12:40 pm of Clients \#1 and \#2's bedroom revealed: <br> Unfinished patch-up work on wall next to Client \#1's bed. <br> -Softball size hole on wall next to Client \#2's bed. <br> Observation on 8/9/23 at about 12:45 pm of Outside the facility revealed: <br> -Down pour was detached from gutter on the front right side of the house. |  | $\begin{aligned} & \vee 736 \\ & \vee 736 \end{aligned}$ | Owner will conduct monthly review of the home to ensure the facility and its grounds are maintained in safe, clean, attractive and orderly manner. The indicated deficiencies will be remedied. | 9/8/23 |

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