STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-978	A. BUILDING: _____ B. WING _____	08/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWOOD GROUP HOME	408 N WARD AVE HIGH POINT, NC 27261

(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	INITIAL COMMENTS An annual survey was completed on 8/14/23. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 108	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 mh/dd/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 techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.	V 108		

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V 108	Continued From page 1 (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 audited staff (staff #1 and #2) were trained to meet the mh/dd/sa needs of the clients and 1 of 3 audited staff (staff #1) were trained in general orientation , and client rights and confidentiality. The findings are: Review on 8/11/23 of staff #1's personnel record revealed: -A hire date of 10/13/22; -A job description of Paraprofessional; -No documentation of training in general orientation, client rights and confidentiality, or mh/dd/sa needs of the clients. Review on 8/11/23 of staff #2's personnel record revealed: -A hire date of 9/23/09; -A job description of Paraprofessional; -No documentation of training to meet the mh/dd/sa needs of the clients. Interview on 8/11/23 with staff#1 revealed: -Aware she was, "missing a few trainings"; -Missed orientation training when she was hired and had not completed client rights and confidentiality training; -Completed training on mh/dd/sa but was unable	V 108		

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V 108	Continued From page 2 to provide documentation. Interview on 8/14/23 with staff #2 revealed : -She thought she had completed the mh/dd/sa training but was unable to provide documentation. Interview on 8/14/23 with the Qualified Professional revealed: -Responsible for ensuring all staff had completed required trainings; -Aware that staff #1 and staff #2 had not completed required trainings; -"They (staff) are supposed to keep track of their own trainings, but as a manager it's my responsibility to follow up" and ensure trainings were completed.	V 108		