

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL041-978	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/14/2023
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NAME OF PROVIDER OR SUPPLIER  EDGEWOOD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 408 N WARD AVE HIGH POINT, NC 27261
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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	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	See next page	
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	DHSR - Mental Health  AUG 31 2023  Lic. & Cert. Section	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Leslie Flowers, Sr. QM Director*

8/28/23

TITLE

(X6) DATE

Division of Health Service Regulation

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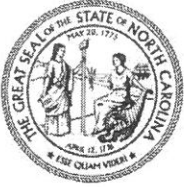
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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record 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:</p> <p>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.</p> <p>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.</p> <p>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</p>	V 108	<p>V108</p> <p>QM Residential Specialist will complete a training with GH Manager on how to complete individual specific training. Sept 5<sup>th</sup>.</p> <p>GH manager will train all staff on each resident's Individuals Specific Training as well as communicating the expectation and revised process for completing required training no later than October 10<sup>th</sup>.</p> <p>The staff missing Orientation, Client Rights and Confidentiality have completed these trainings by 8/25/23.</p> <p>GH Manager will set up calendar reminder for weekly checks of staff training.</p> <p>GH Manager will print required trainings and leaving them in the staff's assigned personal box with direction that they must be completed prior to their next shift.</p>	<p>9/5/23</p> <p>10/10/23</p> <p>8/25/23</p> <p>8/26/23</p>

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V 108	<p>Continued From page 2 to provide documentation.</p> <p>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.</p> <p>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.</p>	V 108		



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
KODY H. KINSLEY • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

August 23, 2023

Luanne K. Welch, CEO  
Easter Seals UCP North Carolina & Virginia, Inc.  
5171 Glenwood Avenue, Suite 211  
Raleigh, NC 27612

Re: Annual Survey completed August 14, 2023 *See Attached Plan of Correction (POC)*  
Edgewood Group Home, 408 North Ward Avenue, High Point, NC, 27263  
MHL # 041-978  
E-mail Address: heather.humphrey-greer@eastersealsucp.com

Dear Ms. Welch:

Thank you for the cooperation and courtesy extended during the annual survey completed August 14, 2023.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- The tag cited is a standard level deficiency.

**Time Frames for Compliance**

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is October 13, 2023.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

August 23, 2023  
Edgewood Group Home

Easter Seals UCP North Carolina & Virginia, Inc.

- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

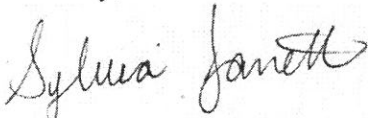
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Maria Smith at 828-747-9913.

Sincerely,



Sylvia Jarrett  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section



Sheri Spicer  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: DHSR\_Letters@sandhillscenter.org  
Sharon Barlow, Director, Guilford County DSS  
Pam Pridgen, Administrative Supervisor