AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFIC/THOMHOMIDER.	A. BUILDING: B. WING				
		MHL092-468			R 04/16/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
WALNUT	STREET GROUP HO)MF	NUT STREET				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID		ER'S PLAN OF CORRECTION		
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on 4/16/24. Deficiencies were cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.						
		eed for 6 and currently has a urvey sample consisted of clients.					
V 108	27G .0202 (F-I) Personnel Requirements		V 108				
	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 organiz(2) training on clier	zational orientation; nt rights and confidentiality as ICAC 27C, 27D, 27E, 27F and					
	10A NCAC 26B;						
	client as specified i	t the mh/dd/sa needs of the n the treatment/habilitation					
	plan; and (4) training in infec						
	.5602(b) of this Sub	itted under 10a NCAC 27G ochapter, at least one staff					
	times when a client	vailable in the facility at all is present. That staff ained in basic first aid					
	including seizure m	anagement, currently trained Imonary resuscitation and					
	trained in the Heim	lich maneuver or other first aid					
		those provided by Red Cross t Association or their	,				
		eving airway obstruction.					

YQLC11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 04/16/2024	
		MHL092-468				
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, ST	ATE, ZIP CODE	• • •	
A/A I NILIT		544 WAL	NUT STREET			
WALNUI	STREET GROUP HO	CARY, NO	C 27511			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	TION SHOULD BE COMP THE APPROPRIATE DAT	
V 108	Continued From page 1		V 108			
	(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.					
	failed to ensure 3 o Qualified Professio training to meet the clients. The findings	view and interview, the facility f 3 audited staff (Lead Staff, nal (QP), & #1) had the mh/dd/sa needs of the s are:				
	revealed: - Hired: 5/8/14 expired CPR/F resuscitation) 8/202 - no documentat CPR/First Aid	ion of an updated training in ion of confidentiality or				
	 Hired: 5/9/16 expired CPR/F no documentat CPR/First Aid 	ion of an updated training in ion of confidentiality or				
	Hired: 2/19/24no documentat	of the QP's record revealed: ion of client rights, ctious diseases, overview on				

Division of Health Servio

YQLC11

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-468		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL092-468	B. WING			R 04/16/2024
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ALNUT	STREET GROUP HO	DMF	NUT STREET C 27511			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 108	Continued From page 2		V 108			
	autism or developmental disability trainings					
	 Interview on 4/16/24 the Lead Staff reported: The main office scheduled all their trainings She didn't know that her CPR/first aid was expired The office sent her an email that they were going to schedule them for trainings but they had not given her a date yet 					
	 The office was when her trainings She didn't know expired The office regis There were training 	v that her CPR/first aid was stered her for her trainings inings coming up but she was				
		signed up but she knew the rainings up for them				

YQLC11