

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/23/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HAW RIVER GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2150 HAW RIVER-HOPEDALE ROAD HAW RIVER, NC 27258</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on April 23, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></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> <ol style="list-style-type: none"> <li>(1) general organizational orientation;</li> <li>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</li> <li>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</li> <li>(4) training in infectious diseases and bloodborne pathogens.</li> </ol> <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 reviews and interviews, the facility failed to ensure 1 of 3 staff (Staff #5) was trained in First Aid. The findings are:</p> <p>Review on 4/23/24 of Staff #5's personnel record revealed: -Date of Hire: 2/9/24. -She was hired as a Group Home Co-Manager. -There was no evidence she had completed training in First Aid.</p> <p>Interview on 4/23/24 with the Human Resources Director revealed: -She thought Staff #5 had completed her training in first aid. -She would be immediately registering Staff #5 to attend first aid training. -Staff #5 had completed the training on Cardiovascular Resuscitation (CPR) and filing staff may had gotten confused and thought the certificate was for First Aid and CPR.</p> <p>Interview on 4/23/24 with the Vice President of Operations revealed: -He did not know that Staff #3's training on first aid was missing. -He acknowledged that Staff #3 did not have in her records a first aid training.</p>	V 108		

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V 291	<p>27G .5603 Supervised Living - Operations</p> <p><b>10A NCAC 27G .5603 OPERATIONS</b></p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to coordinate with other qualified professionals who are responsible for the</p>	V 291		

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V 291	<p>Continued From page 3</p> <p>treatment/habilitation for 2 of 3 audited clients (#1 &amp; #2). The findings are:</p> <p>Review on 4/23/24 of client #1's record revealed: -Admisison date of 12/1/92. -Diagnoses of Moderate Intellectual and Developmental Disabilities; Essential Hypertension; Pre-Diabetes; Vitamin D Deficiency; Dyslipidemia; Sleep Apnea; Seasonal Allergies. -FL2 dated 4/15/24: check blood pressure weekly.</p> <p>Review on 4/23/24 of client #1's Medication Administration Record (MAR) for the months of February, March and April of 2024 revealed: -There were no recordings for blood pressure checks for the months of February, March or April.</p> <p>Review on 4/23/24 of client #2's record revealed: -Admisison date of 11/15/13. -Diagnoses of Autism Spectrum Disorder; Generalized Anxiety Disorder; Depression; Intellectual and Developmental Disabilities, Moderate; Epilepsy, Unspecified, Not Intractable, Without Status Epilepticus; Hyperlipidemia; Hypertension; Allergic Rhinitis; Hemorrhoids; Migraines. -FL2 dated 2/8/24: check blood pressure weekly.</p> <p>Review on 4/23/24 of client #2's MAR for the months of February, March and April of 2024 revealed: -There were no recordings for blood pressure checks for the following: -March = No recordings on 3/18 and 3/25. -April = There were no recordings for the month.</p>	V 291		

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V 291	<p>Continued From page 4</p> <p>Observation on 4/23/24 at about 12:00 pm of the facility's medication room revealed: -There was a blood pressure monitor on site.</p> <p>Interview on 4/23/24 with the Vice President of Operations revealed: -He was under the impression that facility staff had been recording the client's high blood pressure checks. -Staff were supposed to log on the back of the MAR the blood pressure checks for the clients. -He was not aware that there were no high blood pressure checks for cilents #1 and #2. -He acknowledged that staff had not recorded the high blood pressure check readings for clients #1 and #2 in their MAR.</p>	V 291		