

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL010-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/06/2024
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NAME OF PROVIDER OR SUPPLIER WALLBROWN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 949 NORTH SHORE DRIVE SOUTHPORT, NC 28461
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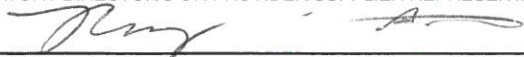
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on February 6, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living.</p> <p>The facility is licensed for 3 and currently has a census of 1 client. The survey sample consisted of an audit of 1 current client.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</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> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <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	<p>Upon further review of the personnel record, staff #1 is in compliance with CPR and First Aid requirements. Staff #1 completed CPR and First Aid training on 1/6/22 and again on 12/28/23. Regrettably, the reviewer was not presented with the most recent certificate dated 12/28/23. Please accept the attached training certificates for further review.</p> <p style="text-align: center;">RECEIVED FEB 21 2024 DHSR-MH Licensure Sect</p>	02/06/2024

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

TITLE

(X6) DATE



QM Director

2/20/24

Division of Health Service Regulation

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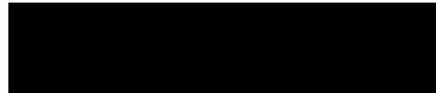
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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were currently trained in Cardiopulmonary Resuscitation (CPR) and First Aid affecting 1 of 2 audited staff (staff #1). The findings are:</p> <p>Review on 2/6/24 of staff #1's personnel record revealed: - Date of hire: 4/1/19. - CPR and First Aid training expired effective 1/6/24.</p> <p>Interview on 2/6/24 the Qualified Professional stated: - She was unaware that staff #1 was out of compliance with CPR and First Aid requirements.</p>	V 108		



American Red Cross
Training Services

Certificate of Completion



has successfully completed requirements for

Adult and Pediatric First Aid/CPR/AED

Date Completed: 12/18/2023

Validity Period: 2 Years

Conducted by: HomeCare Management Corp.

To verify certificate, scan code or visit redcross.org/digitalcertificate and enter ID.

Learn and be inspired at LifesavingAwards.org



01DG4AM





Certificate of Completion

[REDACTED]
has successfully completed requirements for

Adult and Pediatric First Aid/CPR/AED

conducted by
American Red Cross

Date Completed: **01/06/2022**

Valid Period: **2 Years**

Instructors: [REDACTED]



Certificate ID: 00QLUDO

To verify, scan code or visit: <https://www.redcross.org/take-a-class/qrcode?certnumber=00QLUDO>