

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/29/2024
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NAME OF PROVIDER OR SUPPLIER DAVIS HOUSE AT BETHABARA	STREET ADDRESS, CITY, STATE, ZIP CODE 2020 CLYDE HAYES DRIVE WINSTON SALEM, NC 27106
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V 000	INITIAL COMMENTS An annual and follow up survey was completed on April 29, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The facility is licensed for 6 and currently has a census of 6. 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		

RECEIVED
MAY 20 2024
DHSR-MH Licensure Sect

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

Jana Sessions

TITLE

I/ob Director

(X6) DATE

5-15-2024

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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 1 of 3 audited staff (staff #1) was currently trained to provide cardiopulmonary resuscitation (CPR) and first aid. The findings are:</p> <p>Review on 4/25/24 of staff #1's personnel record revealed: -A hire date of 12/23/20. -A job description of Direct Support Professional. -No documentation of current training in CPR or First Aid.</p> <p>Interview on 4/24/24 and 4/25/24 with staff #1 revealed: -He was not aware that his CPR training and first aid was not current. -He was schedule to work alone for four days, and then off for four days. -He reported that all his training was up to date.</p> <p>Interview on 4/29/24 with the Qualified Professional revealed: -She was responsible for keeping all staff training current. -She was not aware that staff #1's CPR and First Aid was not current.</p>	V 108	<p>- QP will put on schedule before May 29th for Staff 1 to have his CPR/ First Aid Revised.</p> <p>- QP will put all Staff Expirations date Training Dates on a Private calendar monitored just by QP to prevent from Expiring in the Future. Will set an alert two months in advance to have time to schedule training</p> <p>- After All trainings are completed QP will put in designated personnel folder right away once receiving Certificate.</p>	

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V 108	Continued From page 2 Interview on 4/29/24 with the Program Manager revealed: -He was "unable to locate a current copy of [staff #'1's] certificate" of CPR/First Aid training. -All completed trainings certificates were located in the main office.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a current treatment plan with current strategies to address client needs for 1 of 3 audited clients (Client #1). The findings are:</p> <p>Review on 4/25/24 of Client #1's record revealed: -Admitted to the facility 2/4/20. -Diagnoses of Intellectual Disability, Hearing Loss, Learning Delays. -The last documented treatment plan was dated on July 1, 2022, with target date of June 30, 2023.</p> <p>Interview on 4/25/24 with Client #1 revealed: -He was not aware of his treatment goals.</p> <p>Interview on 4/29/24 with the Qualified Professional revealed: -She was unaware of client #1's treatment plan was not current. -"I don't know", when asked about current treatment plan for client #1. -She was responsible for keeping the treatment plans current of all clients.</p> <p>Interview on 4/29/24 with the Program Manager revealed: -The facility was unable to locate a copy of the current treatment plan from the prior Qualified Professional. -"...the last Qualified Professional must have not put it in the file." -"..when clients do not have Innovations (Waiver), we do the PCP (Person Centered Plan)"</p>	V 112	<p>QP will schedule PCP meeting with Client 1's Father/Guardian and complete his Treatment plan before May 29th</p> <p>QP will monitor and review internal Master Spread sheet to measure and prevent treatment plan becoming outdated.</p> <p>These monitoring practices of Master Spreadsheet will take place once a week.</p>	

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V 112	Continued From page 4 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		