Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION IDENTIFICATION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	IED		
	MHL034-309		B. WING		07/01/2024			
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE				
INDEDENI	INDEPENDENT LIVING AT RANSOM RD 355 RANSOM ROAD							
INDEI EIN	DENT ENTING AT NAMED	WINSTON	SALEM, NC 2	7106				
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE		
V 000	INITIAL COMMENTS		V 000					
	An annual and follow up survey was completed on July 1, 2024. Deficiencies were cited.							
	category: 10A NCAC	d for the following service 27G .5600B Supervised Developmental Disability.						
	This facility is licensed for 4 and has a current census of 1. The survey sample consisted of an audit of 1 current client.							
V 108	27G .0202 (F-I) Perso	onnel 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 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.							

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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	DENT EIVING AT NAME	WINSTON	SALEM, NC 2	7106			
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V 108	Continued From page	e 1	V 108				
	(i) The governing boo implement policies ar reporting, investigatin						
	This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were trained to meet the mental health/developmental disability/substance abuse (mh/dd/sa) needs of the client population served affecting 2 of 3 audited staff (Staff #1 and Staff #2). The findings are: Review on 6/27/24 of Client #1's record revealed: -An admission date of 10/5/18Diagnosis of Autism8/1/23 treatment plan included a statement that Client #1 "requires close supervision due to him having (an) ability to wander off" and a goal that addressed elopement.						
	revealed: -Hire date of 4/25/264/25/16 signed job d paraprofessional.						
	Review on 7/1/24 of 3 revealed: -Hire date on 8/5/158/5/15 signed job de paraprofessional.	Staff #2's personnel record scription as a					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
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INDEPEN	DENT LIVING AT RANSO	M RD	N SALEM, NC 2	7106	
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				DEFICIENCY)	
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V 108	Continued From page	2	V 108		
	-No documentation of	f client-specific training of			
	Client #1.	. cc opcome a ag c.			
	Interview on 6/27/24	with Staff #1 revealed:			
	-She was a paraprofe	essional and filled in as staff			
	when needed to care				
		it of session, she usually			
		he office to watch him.			
	-She had taken Client				
	appointment on 6/27/				
		ositive coping skills are to			
	use with him (Client #				
-"He (Client #1) has never eloped. I guess					
	someone needed to make up goals. I don't know why its (elopement) a part of his goals."				
	why he (disponionly a part of the goals.				
	Interview on 6/28/24	with Staff #2 revealed:			
	-Although he usually	worked 3rd shift when Client			
		eracted with Client #1 for			
	I	morning to help him get			
		tance with dressing and			
	meal preparation) for	•			
		"positive coping skills"			
	meant for Client #1.	1 0			
	Interview on 6/28/24	with the Qualified			
	Professional revealed	l:			
	-Client #1 continued t	o have an elopement goal in			
	his treatment plan be				
	potential to wander."				
	l -	raining at orientation and			
		aff to make sure staff were			
	following clients' treat				
	-He believed Staff #1	•			
	client-specific training				
	,9	•			
	Interview on 7/1/24 w	ith the Owner revealed:			
	-No documentation w	as provided that showed			
	Staff #1 and Staff #2 received client-specific				

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training regarding Client #1.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
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INDEI EIN	DENT LIVING AT NAMES	WINSTON	SALEM, NC 2	7106		
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V 108	Continued From page	3	V 108			
	This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.					
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
	10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.					
	This Rule is not met as evidenced by: Based on observation and interview, the facility failed to be maintained in a clean and attractive manner. The findings are:					
	Observation of the facility on 6/27/24 at 3:17 pm revealed: -A row of hedges at the front of the facility between the facility building and front walkway had weeds growing up through the hedges. -Approximately 2-3 overgrown tree branches hung down over the back walkway, partially blocking the outdoor walkway from the door at the kitchen that led into the backyard . -Client #1's bathtub had a brownish-black substance inside the tub on the bottom and around the back of the tub near the bottom. -Attached to the tile shower surround under the showerhead pipe was a circular metal piece with a projecting small metal rod. -No showerhead was on the showerhead pipe in Client #1's bathroom. -Client #1's toilet had a yellow substance around the inside toilet drain. -A bathroom across from Client #1's bathroom had 3 cleaning containers located on top of the					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY	
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			+	,		
V 736	Continued From page	e 4	V 736			
	vanity a white cloth-l	like material and a naner				
	vanity, a white cloth-like material and a paper towel in the sink with a piece of white material at					
		in the dry wall beside a				
		older, and white powder-like				
		or between the toilet and				
	toilet tissue holder.	or botween the tellet and				
		of Client #1's hallway, which				
		o and exit out of the facility				
		ached to the inside and				
	bottom of the door.	aonoa to the melae ana				
	-The door located beside the laundry room, which					
	provided an entry into and exit out of the facility					
	had 2-3 cobwebs attached to the inside and					
	bottom of the door.					
	Interview on 6/27/24	with Client #1 revealed:				
	-He was mostly non-	verbal and responded with				
	the word "good" whe					
	Interview on 6/27/24	with Staff #1 revealed:				
	-She stated she was	not aware of any repairs				
	needed at the facility					
		oilet "needed to be cleaned."				
		nat the circular metal piece				
		nt #1's shower surround				
	under the showerhead pipe.					
ĺ	-She did not realize he was missing a					
ľ	showerhead.					
ĺ		s from Client #1's bathroom				
ĺ	was not used by anyo					
ĺ		cobwebs on the door at the				
ĺ		llway as well as no response				
ĺ		e door near the laundry				
l	room.					
ĺ	Interview on 6/28/24	with Staff #2 revealed:				
ľ		at the circular metal piece				
		erhead pipe in Client #1's				
	bathroom.	onent #13				
l		substance in Client #1's tub				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '			X3) DATE SURVEY COMPLETED			
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MHL034-309		B. WING		07/01/2024					
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
INDEPENI	INDEPENDENT LIVING AT RANSOM RD 355 RANSOM ROAD								
	WINSTON SALEM, NC 27106								
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V 736	Continued From page	e 5	V 736						
	was "crud or whatever." -Second shift staff were responsible for								
	completing the house	keeping tasks at the facility.							
		ith the Owner revealed:							
	-She would have her	husband or another ftrimming the overgrown							
		pack of the facility at the							
	walkway.								
	-She would follow up to address the items of concern in Client #1's bathroom.								
-She would have the inside housekeeping tasks addressed with staffShe was planning to have the service category									
	changed on the facility license to serve adults and								
	she anticipated more than 1 client would be served at the facility.								

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