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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND FLAN OF CORRECTION			A. BUILDING:				
MHL017-026		B. WING		R 10/11/2024			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
LEVAN PLACE II 45 COUNTY HOME ROAD BLANCH, NC 27212							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	on 10/11/24. A defi	•					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.						
		sed for 4 and has a current urvey sample consisted of clients.					
V 108	08 27G .0202 (F-I) Personnel Requirements		V 108				
	(g) Employee training provided and, at a refollowing: (1) general organiz (2) training on clier delineated in 10A N 10A NCAC 26B; (3) training to meet client as specified in plan; and	cation shall be documented. Ing programs shall be minimum, shall consist of the rational orientation; It rights and confidentiality as ICAC 27C, 27D, 27E, 27F and It the mh/dd/sa needs of the In the treatment/habilitation					
	5602(b) of this Sub member shall be ave times when a client member shall be tra including seizure m to provide cardiopu trained in the Heiml techniques such as the American Heart						

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

(X6) DATE TITLE

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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			
		MHL017-026	B. WING		F 10/1	? 1/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS CITY S	STATE, ZIP CODE				
			Y HOME RO					
LEVAN P	PLACE II	BLANCH,	NC 27212					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD BE SS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
V 108	Continued From page 1		V 108					
	implement policies reporting, investigation	oody shall develop and and procedures for identifying, ting and controlling infectious diseases of personnel and						
	This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that when at least one staff member was present in the facility with a client, that staff member was currently trained in basic first aid including cardiopulmonary resuscitation for 3 of 3 audited staff (Client Care Service Residential Supervisor (CCSRS); the Program Director/Qualified Professional (PD/QP) and staff #1). The findings are:							
	revealed: - A hire date of 6 - The CCSRS's t cardiopulmonary re on 6/2/24	raining in basic first aid and suscitation (FA/CPR) expired e CCSRS was currently						
	revealed: - A hire date of 1 - The PD/QP's trexpired on 6/2/24	of the PD/QP's record /14/09 aining in basic FA/CPR e PD/QP was currently trained						

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Review on 10/9/24 of staff #1's record revealed:

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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			
			A. BOILDING.		R			
МН		MHL017-026	B. WING		10/11/2024			
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
LEVAN F	LEVAN PLACE II 45 COUNTY HOME ROAD BLANCH, NC 27212							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
V 108	- A hire date of 7 Staff #1's trainin 6/2/24 - No evidence stabasic FA/CPR Interview on 10/10/2 - There had been the clients had need staffs' training had 6 She was awaiting registered nurse who basic FA/CPR		V 108					

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FQDL11 If continuation sheet 3 of 3