Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL017-026 10/11/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 45 COUNTY HOME ROAD LEVAN PLACE II BLANCH, NC 27212 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on 10/11/24. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. CPR/First And 10/15/24
Starta Completed
Classes on 10/15/24 This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 3 current clients. V 108 27G .0202 (F-I) Personnel 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 RECEIVED member shall be available in the facility at all times when a client is present. That staff NOV 25 2024 member shall be trained in basic first aid including seizure management, currently trained DHSR-MH Licensure Sect 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.

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

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If continuation sheet 1 of 3

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL017-026 10/11/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 45 COUNTY HOME ROAD LEVAN PLACE II BLANCH, NC 27212 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 108 Continued From page 1 V 108 (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. CPR / First Acid Classes for Stape 10/15/24 Completed 10/15/24 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: Review on 10/9/24 of the CCSRS's record revealed: A hire date of 6/4/12 The CCSRS's training in basic first aid and cardiopulmonary resuscitation (FA/CPR) expired on 6/2/24 No evidence the CCSRS was currently trained in basic FA/CPR Review on 10/9/24 of the PD/QP's record revealed: A hire date of 1/14/09 The PD/QP's training in basic FA/CPR expired on 6/2/24 No evidence the PD/QP was currently trained in basic FA/CPR

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

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL017-026 10/11/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 45 COUNTY HOME ROAD LEVAN PLACE II BLANCH, NC 27212 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 108 | Continued From page 2 V 108 A hire date of 7/10/09 Staff #1's training in basic FA/CPR expired on 6/2/24 No evidence staff #1 was currently trained in CPR / Frist Aid Classes for Stort 10/15/24 Completed 10/15/24 basic FA/CPR Interview on 10/10/24 with the CCSRS revealed: There had been no instances where any of the clients had needed first aid or CPR since the staffs' training had expired in June of 2024 She was awaiting a return phone call from the registered nurse who provided their training in basic FA/CPR Believed the training would be held within the next two weeks