

Division of Health Service Regulation

TITLE

(X6) DATE

Project Director /RF

10/24/24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL017-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/11/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LEVAN PLACE II

**45 COUNTY HOME ROAD
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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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 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:</p> <p>Review on 10/9/24 of the CCSRS's record revealed:</p> <ul style="list-style-type: none"> - 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 <p>Review on 10/9/24 of the PD/QP's record revealed:</p> <ul style="list-style-type: none"> - 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 <p>Review on 10/9/24 of staff #1's record revealed:</p>	V 108	<p><i>CPR / First Aid Classes for Staff Completed 10/15/24</i></p>	<p><i>10/15/24</i></p>

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NAME OF PROVIDER OR SUPPLIER LEVAN PLACE II			STREET ADDRESS, CITY, STATE, ZIP CODE 45 COUNTY HOME ROAD BLANCH, NC 27212		
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V 108	<p>Continued From page 2</p> <ul style="list-style-type: none"> - 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 basic FA/CPR <p>Interview on 10/10/24 with the CCSRS revealed:</p> <ul style="list-style-type: none"> - 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 	V 108	<p>CPR / First Aid Classes for Staff Completed 10/15/24</p>	10/15/24	