Division of Health Service Regulation         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:         MHL092-006		(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY COMPLETED	
		B. WING	10	C 10/31/2024		
	PROVIDER OR SUPPLIER	STREET A 3548 BU	DDRESS, CITY, SH STREET H, NC 27609	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE	
V 000	INITIAL COMMENT	INITIAL COMMENTS				
	13, 2024. The comp (intake #NC002231 This facility is licens category: 10A NCA Developmental and Individuals with Dev This facility has a c survey sample cons	was completed on November plaint was unsubstantiated 08). A deficiency was cited. eed for the following service C 27G .2300 Adult Vocational Programs for velopmental Disabilities. urrent census of 123. The sisted of audits of 1 current				
V 108	client. 27G .0202 (F-I) Per	sonnel Requirements	V 108			
	<ul> <li>(g) Employee train provided and, at a r following:</li> <li>(1) general organiz</li> <li>(2) training on clier delineated in 10A N 10A NCAC 26B;</li> <li>(3) training to meet client as specified in plan; and</li> <li>(4) training in infect bloodborne pathoge (h) Except as permit .5602(b) of this Sut member shall be av times when a client member shall be traincluding seizure m to provide cardioput trained in the Heiml</li> </ul>	cation shall be documented. ing programs shall be ninimum, shall consist of the ational orientation; nt rights and confidentiality as CAC 27C, 27D, 27E, 27F and the mh/dd/sa needs of the n the treatment/habilitation tious diseases and	8	The participant that required the additional staff training in this instance is no longer being served by us. To prevent a similar situation from happening in the future, all QDDP's will be retrained to assess the needs of each participant at admission and when new orders are received to identify any additional participant specific training that i needed. If additional training is needed, the QDDP will coordinate the necessary training, will document the training, and wil notify the HR representative and the QAS. HR representative will keep a list of participant specific training needed and wil assess annually to ensure they are up to date.	1/31/202 s	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
MHL092-006			A. BUILDING: B. WING		C 10/31/2024	
		MHL092-006				
AME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
VAKE E	NTERPRISES-THE MI	LLER BLDG	ISH STREET iH, NC 27609			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLE <sup>-</sup> DATE
V 108	Continued From page 1		V 108			
	the American Heart Association or their equivalence for relieving airway obstruction. (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.					
	failed to ensure 2 c staff (#1 & #2) and Professional (QP #	et as evidenced by: view and interview, the facility of 2 audited paraprofessional 2 of 2 audited Qualified 1 & #2) had training to meet s of the client. The findings				
	revealed: - Hired 10/24/22	of staff #1's personnel record tion of diabetes or insulin ing				
	a nurse in the facili - Hadn't received administration train - The facility didr - Felt comfortabl diabetes and inject	background but didn't work as ty d diabetes or insulin				
	Review on 11/5/24 revealed: - Hired 8/12/22	of staff #2's personnel record				

STATE FORM

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a 3548 BU         RALEIG         STATEMENT OF DEFICIENCIES         NCY MUST BE PRECEDED BY FULL         DR LSC IDENTIFYING INFORMATION)         a page 2         Intation of diabetes or insulin         raining         1/24 staff #2 reported:         ived diabetes or insulin         raining         ad insulin administration wasn't         nedication administration training         ration by following the instruction         Mark			C /31/2024
ER STREET A 3548 BU RALEIG STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION) To page 2 Intation of diabetes or insulin raining 1/24 staff #2 reported: ived diabetes or insulin raining the diabetes or insulin the diabetes or insulin	DDRESS, CITY, ST SH STREET H, NC 27609 ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLE
STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION) In page 2 Intation of diabetes or insulin raining 1/24 staff #2 reported: ived diabetes or insulin raining ind insulin administration wasn't nedication administration training rtable with overseeing clients ration by following the instruction IAR	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLE
ntation of diabetes or insulin raining 1/24 staff #2 reported: ived diabetes or insulin raining nd insulin administration wasn't nedication administration training rtable with overseeing clients ration by following the instruction IAR	V 108		
ntation of diabetes or insulin raining 1/24 QP #1 reported: g on diabetes aining was covered in the inistration training ition administration training ns and symptoms of high and low (24 of QP #2's personnel record 22 ntation of diabetes or insulin raining 1/24 QP #2 reported: ition administration training which portion of information about			
	/24 of QP #2's personnel record 22 ntation of diabetes or insulin raining 1/24 QP #2 reported:	ntation of diabetes or insulin raining (1/24 QP #1 reported: g on diabetes aining was covered in the ninistration training ntion administration training ns and symptoms of high and low (24 of QP #2's personnel record 22 ntation of diabetes or insulin raining (1/24 QP #2 reported: ation administration training which I portion of information about ation administration training use readings and administering	ntation of diabetes or insulin raining 1/24 QP #1 reported: g on diabetes aining was covered in the ninistration training tion administration training ns and symptoms of high and low /24 of QP #2's personnel record 22 ntation of diabetes or insulin raining 1/24 QP #2 reported: ation administration training which I portion of information about ation administration training use readings and administering

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 10/31/2024	
	MHL092-006					
					10/	51/2024
		3548 BU	DDRESS, CITY, ST. SH STREET	ATE, ZIP CODE		
VAKEE	NTERPRISES-THE MI		H, NC 27609			
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	()	
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	THE APPROPRIATE	COMPLE DATE
				DEFICIEN	NCY)	
V 108	Continued From page 3		V 108			
		4 of an email written and				
		24 from the Quality Assurance				
		Specialist (QAS) revealed: - "We don't have any diabetes specific trainings "				
	trainings"					
	-					
	Interview on 11/4/24 the facility's training					
	company reported: - Taught the first aid and medication					
	administration training at the facility for past 5					
	years					
	- The medication administration training didn't					
	include training on diabetes or insulin					
	administration - Diabetes and insulin administration was part					
	of a more specialized training					
	- The first aid tra	ining included a generalized				
		y training that identified signs				
	and symptoms of a	diabetic emergency				
		24 & 11/13/24 the QAS				
	reported:	al a fara in in a cara a na fara fla a				
	- The facility use medication adminis	d a training company for the				
		tes and insulin administration				
		nedication administration				
	training					
		ninister insulin to the client, but client administer her own				
	insulin					
		taff adjusted the medication				
	dose in the insulin					
	Interview on 11/13/	24 the Licensee reported:				
		tes training was included in the	e			
	medication adminis	stration training				
		ient administered her insulin				
		didn't need staff supervision				
	while administering	ulin administration training				
ion of H	ealth Service Regulation					

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				(X3) DATE SURVEY COMPLETED	
	ND PLAN OF CORRECTION IDENTIFICATION NUMBER:			C 10/31/2024	
MHL092-006		B. WING			
ROVIDER OR SUPPLIER		DDRESS, CITY, ST. I <b>SH STREET</b>	ATE, ZIP CODE		
TERPRISES-THE M	ILLER BLDG	H, NC 27609			
SUMMARY STA		ID ID	PROVIDER'S PLAN OF COF	RECTION	(X5)
(EACH DEFICIENCY REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		(X5) COMPLET DATE
Continued From page 4 was required since the client administered her own insulin		V 108			
	Continued From pa was required since	Continued From page 4 was required since the client administered her own insulin	Continued From page 4 V 108 Was required since the client administered her Sown insulin U 108 U	Continued From page 4 was required since the client administered her swn insulin	Continued From page 4 was required since the client administered her win insulin