Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ R 02/25/2025 B. WING mhI018-050 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 212 8TH AVENUE N W **VOCA-8TH AVENUE** HICKORY, NC 28601 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG V 000 V 000 INITIAL COMMENTS An annual and follow up survey was completed on February 25, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients. V 108 V 108 27G .0202 (F-I) Personnel Requirements 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.

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

Program Manager

03/04/25

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: ___ R 02/25/2025 B. WING mhI018-050 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 212 8TH AVENUE N W VOCA-8TH AVENUE HICKORY, NC 28601 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG V 108 V 108 Continued From page 1 (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 2 of 3 audited staff (Home Manager (HM) and Staff #1) had current first aid/cardiopulmonary resuscitation (CPR) training. The findings are: Review on 2/25/25 of the HM's personnel file revealed: -Hire date: 8/2/23. -No valid documentation of first aid/CPR training. Review on 2/25/25 of Staff #1's personnel file revealed: -Hire date: 10/1/24. -No valid documentation of first aid/CPR training Interviews on 2/24/25 and 2/25/25 with the Qualified Professional revealed: -Responsible for notifying facility staff when their first aid/CPR training was due for completion. -Not responsible for keeping track of first aid/CPR training certificates. -"[Human Resources (HR)] has access to the training certificates." Interview on 2/25/25 with the Program Manager revealed:

-HR was responsible for keeping track of first

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: A. BUILDING: AND PLAN OF CORRECTION R 02/25/2025 B. WING mhl018-050 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 212 8TH AVENUE N W **VOCA-8TH AVENUE** HICKORY, NC 28601 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG V 108 V 108 | Continued From page 2 HR has contacted Red Cross to have aid/CPR certificate of successful completion. the issue corrected in the portal so 02/28/25 -Did not have access to first aid/CPR training that certificates. she may pull the Red Cross Certificates Interview on 2/25/25 with HR revealed: to be placed in files. -Only one who had access to staff personnel records and training certificates. -Unable to locate valid first aid/CPR certifications for the HM and Staff #1. V 131 V 131 G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to employment for 3 of 3 audited staff (Qualified Professional (QP), Home Manager (HM) and Staff #1). The findings are: Review on 2/25/25 of the QP's personnel file revealed: -Hire date: 2/21/23. -HCPR accessed: 12/14/23.

Division of Health Service Regulation			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
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(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 (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE		
V 131	Continued From page 3		V 131			
				HR will in-service PM and QP accessing Personal file and documentation on background to show proof of HCPR check completed 03/04/2025 HR is also hiring an assistant in the case of HR's absence.	03/04/25 d check . To be	