

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL058-003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/28/2025
NAME OF PROVIDER OR SUPPLIER MCLAWHORNE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1044 MCLAWHORNE ROAD ROBERSONVILLE, NC 27871		
(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 000	INITIAL COMMENTS An annual survey was completed on 8/28/25. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
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.	V 108		

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

TITLE

(X6) DATE

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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 3 of 3 audited staff (#1, #2, and the Residential Services Manager) received training to meet the mh/dd/sa needs of the clients. The findings are:</p> <p>Review on 8/26/25 client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 12/30/97 - Diagnoses: Intellectual Disability, Allergy Rhinitis, Abnormal Glucose, Autism Spectrum Disorder <p>Review on 8/28/25 staff #1's record revealed:</p> <ul style="list-style-type: none"> - Hired: 2/21/18 - Title: Program Assistant - no documentation of mh/dd/sa trainings that included; Intellectual Developmental Disability and Autism <p>Review on 8/28/25 staff #2's record revealed:</p> <ul style="list-style-type: none"> - Hired: 6/1/18 - Title: Program Assistant - no documentation of mh/dd/sa trainings that included; Intellectual Developmental Disability and Autism <p>Review on 8/28/25 the Residential Services Manager's revealed:</p>	V 108		

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V 108	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Hired: 12/1/07 - no documentation of mh/dd/sa trainings that included; Intellectual Developmental Disability and Autism <p>Interview on 8/28/25 the Residential Services Manager reported:</p> <ul style="list-style-type: none"> - she didn't think that they had autism training - they didn't do a specific IDD or autism training - staff did yearly goals and some staff had stated that they wanted to learn about IDD 	V 108			