

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2026
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NAME OF PROVIDER OR SUPPLIER COMMUNITY HOUSING GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1018 FIFTH STREET SE HICKORY, NC 28602
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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 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on April 29, 2026. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is currently licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <ol style="list-style-type: none"> (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. <p>(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.</p>	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 interview and record review, the facility failed to ensure 2 of 2 audited paraprofessional staff (Staff #1 and Staff #2) and 1 of 1 Qualified Professional (QP) were trained to meet the MH/DD/SA needs of the clients. The findings are:</p> <p>Review on 4/29/26 of Staff #1's record revealed: -Hire date: 3/30/16. -No documentation of training to meet the needs of the clients identified in their treatment plans.</p> <p>Review on 4/29/26 of Staff #2's record revealed: -Hire date: 2/14/22. -No documentation of training to meet the needs of the clients identified in their treatment plans.</p> <p>Review on 4/29/26 of the QP's record revealed: -Hire date: 1/12/26. -No documentation of training to meet the needs of the clients identified in their treatment plans.</p> <p>Interview on 4/29/26 with Staff #2 revealed: -Reviewed the treatment plans when he worked at the facility but did not have to complete any documentation that the treatment plans were reviewed.</p>	V 108		

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V 108	Continued From page 2 Interview on 4/29/26 with the QP revealed: -Was unable to answer specific questions regarding the clients and their needs as she had only recently been hired. -Staff reviewed the treatment plans when they worked but were not required to complete any documentation that the treatment plans were reviewed. -Would implement a procedure where staff would document their review of the clients' treatment plans moving forward.	V 108		