## PRINTED: 05/16/2018 FORM APPROVED

IND PLAN OF CORRECTION IDENTIFICA		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 05/15/2018		
		MHL060968					
IAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ZIP CODE				
LEXAND		- CHARLOTTE DAY 1	HERMAL RD				
(X4) ID	SUMMARY ST		DTTE, NC 28211	PROVIDER'S PLAN O	F CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLET	
∨ 000	INITIAL COMMENTS		V 000				
	An annual and complaint survey was completed on 5/15/18. The complaint was unsubstantiated (Intake NC # 00138222). A deficiency was cited.						
	category: 10A NCAC	d for the following service 2 27G .1400 Day Treatment lescents with Emotional or ces.					
V 131	G.S. 131E-256 (D2) Verification	HCPR - Prior Employment	V 131				
	REGISTRY (d2) Before hiring heath health care facility or health care facility sh Personnel Registry a	ALTH CARE PERSONNEL alth care personnel into a service, every employer at a lall access the Health Care nd shall note each incident opriate business files.					
	failed to ensure that the Registry (HCPR) be a documented prior to all employees affecting	as evidenced by: nd record review, the facility the Health Care Personnel accessed and the results an offer of employment for ng 1 of 5 audited staff Manager). The findings are:					
	Review on 5/15/18 of record revealed: -Hire date of 11/30/09 -HCPR completed 12						
	Interview on 5/15/18	with the Human Resource					
	Ith Service Regulation	SUPPLIER REPRESENTATIVE'S SIGNATUR		TITLE		(X6) DA	

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AND PLAN OF CORRECTION IDENTI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 05/15/2018	
		MHL060968				
			DDRESS, CITY, STATE,	05	15/2010	
		6220-D T	HERMAL RD			
		CHARLO	DTTE, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLE DATE
V 131	Continued From page 1		V 131			
	Associate revealed: -The HCPR was com- -It is the policy for all to an offer of employe	HCPR to be completed prior				

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