

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL032-403</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>07/24/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BETTER LIVING CONCEPTS OF DURHAM LLC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>909 GARCIA AVENUE<br/>DURHAM, NC 27704</b> |
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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><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on July 24, 2018. The complaint was unsubstantiated (intake #NC00140836. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>   | V 000         |   |                    |
| V 131              | <p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY<br/>(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.</p> <p>This Rule is not met as evidenced by:<br/>Based on review of record and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for two of three staff (Staff #1, Former Staff #4). The findings are:</p> <p>Review on 7/23/18 of the facility's personnel files revealed:<br/>-Staff #1 had a hire date of 5/5/18.<br/>-Staff #1 was hired as a Habilitation Technician.<br/>-Staff #1's HCPR check was completed on 5/21/18.<br/>-No documentation of a HCPR check completed</p> | V 131         |   |                    |

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| Division of Health Service Regulation<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| V 131              | <p>Continued From page 1<br/>for Staff #1 prior to hire.</p> <p>Review on 7/23/18 of the facility's personnel files revealed:<br/>-Former Staff #4 had a hire date of 5/5/18.<br/>-Former Staff #4 was hired as a Habilitation Technician.<br/>-Former Staff #4's HCPR check was completed on 5/21/18.<br/>-No documentation of a HCPR check completed for Former Staff #4 prior to hire.</p> <p>Interview with the Owner on 7/24/18 confirmed:<br/>-There was no documentation of a HCPR check completed for Staff #1 and Former Staff #4 prior to hire.</p> | V 131         |   |                    |