STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL084-090	A. BUILDING: _____ B. WING _____	07/18/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COGGINS GROUP HOME	235 COGGIN AVENUE ALBEMARLE, NC 28001

(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 7/19/18. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Developmentally Disabled Adults.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all	V 132		

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V 132	Continued From page 1 investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record reviews and interviews, the facilty failed to ensure all allegations of abuse were reported to Healthcare Personnel Registry (HCPR). The findings are: Review on 7/11/18 of Client #1's record revealed: - Admission date of 2/19/18 - Diagnoses of Moderate Intellectual Disability Disorder and Autistic Disorder Review on 7/11/18 of Former Staff #1's (FS #1) record revealed: - Hire date of 4/3/18; termination date of 6/4/18 Review on 7/18/18 of an internal investigation dated 5/24/18 revealed that there were allegations made that FS #1 pushed a broom in Client #1's face No documentation of being reported to HCPR Interview on 7/11/18 with the Qualified Professional (QP) revealed: - There had been allegations made against FS #1. Incident reports and an internal investigation	V 132		

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V 132	Continued From page 2 had been completed. She was not sure about the HCPR, but thinks it had been completed. Email communication on 7/19/18 with the Licensee Human Resource Representative revealed: - There had been several people involved in the process due to staff changes. She was sure that it had been entered in, but it did not save and therefore was not reported to HCPR. - She would re-submit it to HCPR	V 132		