Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL041-911	B. WING		R- 08/1	C 4/2018	
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	TE, ZIP CODE			
MERCY HOME SERVICES II			LARD STREET SBORO, NC 2740	33			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)) BE	(X5) COMPLETE DATE	
{V 000}	INITIAL COMMENTS	;	{V 000}				
	A follow up survey wa A deficiency was cited	as completed on 8/14/2018. d.					
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities.					
V 131	G.S. 131E-256 (D2) H Verification	HCPR - Prior Employment	V 131				
	REGISTRY (d2) Before hiring health care facility or health care facility shall Personnel Registry at	ALTH CARE PERSONNEL alth care personnel into a service, every employer at a call access the Health Care and shall note each incident opriate business files.					
	facility failed to acces Registry (HCPR) prio	as evidenced by: ews and interviews, the es the Health Care Personnel or to hire affecting 1 of 3 alified Professional (QP)).					
	revealed: - Date of hire: 2/26/20 - No documentation of the Director/Owner an HCPR check date about the missing documents.	of an HCPR check; provided documentation of d 8/14/2018 when asked					

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

TITLE (X6) DATE

PRINTED: 08/22/2018 FORM APPROVED

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	OOM!! EETEB							
	COMPLETED							
MHL041-911 B. WING	R-C 08/14/2018							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
MEDCY HOME SERVICES II. 907 DILLARD STREET								
MERCY HOME SERVICES II GREENSBORO, NC 27403								
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOULD TAG PREFIX TAG CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOULD TAG PREFIX TAG PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOULD TAG PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECT PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECT PREFIX TAG PREF	JLD BE COMPLETE							
V 131 Continued From page 1 revealed: - She thought that she had completed an HCPR check for the QP before the hire date; - If she had not checked the HCPR, she may have thought at the time that she did not need it; - She would immediately check the HCPR for the QP.								

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STATE FORM 6899 0W6C12 If continuation sheet 2 of 2