

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/30/2018
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NAME OF PROVIDER OR SUPPLIER ALAMANCE HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 625 N MEBANE STREET BURLINGTON, NC 27217
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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 and follow-up survey was completed on October 30, 2018. 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>	V 000		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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: Based on review of record and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for one of three audited staff (staff #1).</p> <p>Review of the facility's personnel records on 10/30/18 revealed the following: -Staff #1 was hired 9/14/17. -Staff #1 was hired as a paraprofessional staff. -No documentation of a HCPR check completed for staff #1.</p> <p>Interview on 10/30/18 with staff #1 revealed: -He thought all paperwork was in his file. -He would inform group home's administrator</p>	V 131		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 131	Continued From page 1 about missing documentation. -He confirmed that his HCPR documentation was not in file.	V 131		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 10/30/18 at 12:00 p.m. revealed: Clients bedroom #1: -Carpet was worn down and dirty. -Strong bad smell.</p> <p>Clients bedroom #3: -Several scratches, stains and peeled paint observed on the walls.</p> <p>Interview on 10/30/18 with Staff #1 revealed: -He confirmed that carpet in bedroom #1 needed to be changed. -He confirmed that bedroom #3 needed to be painted over. -He would notify administrator to make appropriate repairs.</p> <p>This deficiency constitutes a recited deficiency</p>	V 736		

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V 736	Continued From page 2 and must be corrected within 30 days.	V 736		