PRINTED: 12/21/2018 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NI IMPER		(X3) DATE SURVEY COMPLETED							
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING:		OOMI LETED							
		MHL0601348	B. WING		12/20/2018							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
THE DUNLAP HOME 7607 ROCKLAND DRIVE CHARLOTTE, NC 28213												
	OLIMANA DV. OT		·	DDOWNERS DIAM OF CORRECTION								
(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) MPLETE DATE						
V 000	INITIAL COMMENTS		V 000									
	An annual survey was deficiency was cited.	s completed on 12/20/18. A										
	This facility is licensed for the following service category:10A NCAC 27G .5600F Alternative Family Living											
V 131	V 131 G.S. 131E-256 (D2) HCPR - Prior Employment Verification		V 131									
	REGISTRY (d2) Before hiring hea health care facility or health care facility sha	alth care personnel into a service, every employer at a all access the Health Care nd shall note each incident opriate business files.										
	facility failed to acces Registry (HCPR) prio	as evidenced by: ew and interviews, the s the Health Care Personnel r to employment for one of he Qualified Professional).										
	revealed: -The Qualified Profes 9/12/16 -The Qualified Profes completed on 2/21/17 -There was no docum	of the facility's personnel files sional had a hire date of sional had a HCPR check nentation of a HCPR check alified Professional prior to										

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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NAME OF PROVIDER OR SUPPLIER  THE DUNLAP HOME  CHARLOTTE, NC 28213    C(44) D  PREFIX   SUMMARY STATEMENT OF DEFICIENCIES   FREEDED BY PULL   PREFIX   TAG   CROSS-REFERENCE TO THE APPOPRIATE   DATE    V 131   Continued From page 1   Interview on 12/20/18 with the licensee revealed: - They knew that The QP's HCPR check was done late and thought that they may have already been cited for this at a different home.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE S COMPLI	(X3) DATE SURVEY COMPLETED						
NAME OF PROVIDER OR SUPPLIER  THE DUNLAP HOME  THE DUNLAP	AND LAN OF CONNECTION			A. BUILDING:									
THE DUNLAP HOME  SUMMARY STATEMENT OF DEFICIENCIES CHARLOTTE, NC 28213  THE DUNLAP HOME  THE DUNLAP HOME  THE DUNLAP HOME  SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTION SHOULD	MHL0601348		MHL0601348	B. WING		12/20/2018							
THE DUNLAP HOME  CHARLOTTE, NC 28213  (X4) ID PREFIX TAG  CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 131  Continued From page 1  Interview on 12/20/18 with the licensee revealed: - They knew that The QP's HCPR check was done late and thought that they may have already  CHARLOTTE, NC 28213  ID PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE)  V 131  Interview on 12/20/18 with the licensee revealed: - They knew that The QP's HCPR check was done late and thought that they may have already	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 131  Continued From page 1  Interview on 12/20/18 with the licensee revealed:  - They knew that The QP's HCPR check was done late and thought that they may have already	THE DIINI AP HOME												
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 131  Continued From page 1  Interview on 12/20/18 with the licensee revealed: - They knew that The QP's HCPR check was done late and thought that they may have already    Continued From page 1   PREFIX TAG													
Interview on 12/20/18 with the licensee revealed: - They knew that The QP's HCPR check was done late and thought that they may have already	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	) BE	COMPLETE						
- They knew that The QP's HCPR check was done late and thought that they may have already	V 131	Continued From page	e 1	V 131									
		Interview on 12/20/18 - They knew that The done late and though	I with the licensee revealed:  QP's HCPR check was t that they may have already										

Division of Health Service Regulation

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