PRINTED: 02/08/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
ANDILAN	or connection	IDENTIFICATION NOWIBER.	A. BUILDING: _							
		MHL001-132	B. WING		R 02/07/2019					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
DEE & G ENRICHMENT CENTER # 3  BURLINGTON, NC 27217										
(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 (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5)						
V 000	INITIAL COMMENTS		V 000							
		-up survey was completed There was a deficiency								
	This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness									
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 sh	ALTH CARE PERSONNEL alth care personnel into a service, every employer at a all access the Health Care nd shall note each incident opriate business files.								
	failed to access the H	ew and interview the facility lealth Care Personnel r to employment for one of								
	revealed: - Hire date: 11/1/18 - Job title: Parapro	fessional/As Needed dence the HCPR was								
	Interview on 2/7/19 w revealed:	rith the Administrator								

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

(X6) DATE TITLE

PRINTED: 02/08/2019 FORM APPROVED

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					
		MHL001-132	B. WING			R <b>07/2019</b>					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
DEE & G ENRICHMENT CENTER # 3  BURLINGTON, NC 27217											
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5)  COMPLETI DATE						
V 131	-She lived at the facili -Staff #2 worked as n -She thought the HCF employment.	ty. eeded. PR was assessed prior to oyees HCPR would be	V 131								

Division of Health Service Regulation

STATE FORM P32H11 If continuation sheet 2 of 2