

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>02/07/2019</b>
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NAME OF PROVIDER OR SUPPLIER  
**DEE & G ENRICHMENT CENTER # 3**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**321 AUSTIN STREET  
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 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on February 7, 2019. There was a deficiency 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	<p>Dee &amp; G assures that this deficiency has been corrected. The Administrator will monitor quarterly that HCPR's are in file, but prior to hiring a HCPR will be preformed and downloaded and placed in the employees file. Also, the gp will monitor bi-monthly as well in order to prevent this deficiency from reoccurring.</p>	
V 131	<p><b>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</b></p> <p><b>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</b> (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 record review and interview the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for one of three audited staff (#2). The findings are:</p> <p>Review on 2/7/19 of Staff #2's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Hire date: 11/1/18.</li> <li>- Job title: Paraprofessional/As Needed</li> <li>- There was no evidence the HCPR was accessed prior to employment.</li> </ul> <p>Interview on 2/7/19 with the Administrator revealed:</p>	V 131	<p>Also, the gp will monitor bi-monthly as well in order to prevent this deficiency from reoccurring.</p> <p>CY 3/1/19</p>	

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

TITLE Administrator DATE

*Clara Yancey* 3/1/19

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V 131	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-She lived at the facility.</li> <li>-Staff #2 worked as needed.</li> <li>-She thought the HCPR was assessed prior to employment.</li> <li>-Ensured future employees HCPR would be assessed prior to hire date.</li> </ul>	V 131		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL001-132	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/7/2019	Y3
NAME OF FACILITY DEE & G ENRICHMENT CENTER # 3			STREET ADDRESS, CITY, STATE, ZIP CODE 321 AUSTIN STREET BURLINGTON, NC 27217		

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM	DATE	ITEM	DATE	ITEM	DATE
Y4	Y5	Y4	Y5	Y4	Y5
ID Prefix V0108	Correction	ID Prefix V0110	Correction	ID Prefix V0111	Correction
Reg. # 27G .0202 (F-I)	Completed	Reg. # 27G .0204	Completed	Reg. # 27G .0205 (A-B)	Completed
LSC	02/07/2019	LSC	02/07/2019	LSC	02/07/2019
ID Prefix V0291	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 27G .6803	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/07/2019	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Frances E. Hicks, MSW	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Consultant I	DATE 2-7-19
FOLLOWUP TO SURVEY COMPLETED ON 3/21/2018		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		

(Att. Francis Hicks)



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

February 11, 2019

Ms. Cherry Crisp, Administrator  
PO Box 2073  
Burlington, NC 27216

Re: Annual and Follow-up Survey Completed February 7, 2019  
Dee & G Enrichment Center #3, 321 Austin Street, Burlington, NC 27217  
MHL# 001-132  
E-mail Address: [cherrycrisp1968@gmail.com](mailto:cherrycrisp1968@gmail.com)

Dear Ms. Crisp:

Thank you for the cooperation and courtesy extended during the annual and follow-up survey completed February 7, 2019.

As a result of the follow-up survey, it was determined that all of the deficiencies are now in compliance which is reflected on the enclosed Revisit Report. An additional deficiency was cited during the survey.

Enclosed you will find the deficiency cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- Tag cited is a standard level deficiency.

**Time Frames for Compliance**

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is April 8, 2019.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718  
[www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr) • TEL: 919-855-3795 • FAX: 919-715-8078

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