

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601387	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2019
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NAME OF PROVIDER OR SUPPLIER NEURORESTORATIVE-SARDIS	STREET ADDRESS, CITY, STATE, ZIP CODE 151 NORTH SARDIS ROAD CHARLOTTE, NC 28270
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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 survey was completed on 6/11/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Interview on 6/10/19 with the Program Manager revealed the facility began operations with it's first client in late 12/2018.</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>Interview on 6/10/19 with staff #1 revealed: -the facility operated three shifts; -A shift was from 7am-3pm; -B shift was from 3pm-11pm; -C shift was from 11pm-7am.</p> <p>Review on 6/10/19 of the facility's fire and disaster drills documentation revealed: -no A shift fire and disaster drills from 1/1/19-6/10/19 except one disaster on 2/11/19; -no C shift fire and disaster drills from 1/1/19-6/10/19.</p> <p>Interview on 6/10/19 with staff #2 revealed: -worked all three shifts; -not conducted any fire drills on his shift.</p> <p>Interview on 6/11/19 with the Program Manager revealed he will ensure drills are completed as required on all shifts.</p>	V 114		
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>	V 131		

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V 131	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire for 2 of 3 staff (#1, #3). The findings are:</p> <p>Review on 6/10/19 of personnel records revealed the following: -staff #1 was hired on 11/5/18 with the job title of Life Skills Trainer and the HCPR was accessed on 11/13/18; -staff #3 was hired on 11/9/18 with the job title of Life Skills Trainer and the HCPR was accessed on 11/13/18.</p> <p>Interview on 6/10/19 with staff #1 revealed she started working at the facility in November 2018.</p> <p>Interview on 6/10/19 with staff #2 revealed she started working at the facility in November 2018.</p> <p>Interview on 6/11/19 with the Program Manager revealed he will ensure HCPR checks are completed as required moving forward.</p>	V 131		