Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING MHL029-141 08/07/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 339 ABBID STREET ABBID ST - QUEST LEXINGTON, NC 27292 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on 8/7/219. A deficiency was cited. This facility is licensed for the following service category:10A NCAC 27G .5600F Supervised Living/Alternative Family Living. V 131 G.S. 131E-256 (D2) HCPR - Prior Employment V 131 Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a DHSR - Mental Health health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident AUG 2 2 2019 of access in the appropriate business files. Lic. & Cert. Section This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire affecting 1 of 3 staff (the Qualified Professional (QP)). The findings Review on 8/7/2019 of the QP's employee record revealed: - Hire date: 3/18/2019 - Documentation that the HCPR was accessed on 2/21/2019 for a social security number that did not match the number on the QP's Social Security Card. Division of Health Service Regulation

(X6) DATE

STATE FORM

ZXPD11

If continuation sheet 1 of 2

amy laughead, GP, MS

Chief Development Officer

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

8/19/2019 | 7:14:08 AM PDT

TITLE

Division	of Health Service Regu	lation			1 Ortimizar 1 to v	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:  B. WING		(X3) DATE SURVEY COMPLETED 08/07/2019	
		MHL029-141				
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	E, ZIP CODE		
ABBID ST	- QUEST		SID STREET FON, NC 27292			
(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 COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		E
V 131	Interview on 8/7/2019 (HR) staff revealed: - Various staff in the Hthe HCPR when staff - She did not know whisecurity number was a system; - She had accessed the QP and placed the Interview on 8/7/2019 Operations revealed: - The HR department for new hires;	with the Human Resources  IR department accessed were hired; by the QP's correct social not accessed in the HCPR and HCPR system today for the printout in the QP's record.  With the Director of staff accessed the HCPR at the QP's HCPR check	V 131			

Division of Health Service Regulation



August 19, 2019

Clarice Rising - Facility Compliance Consultant I Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718 DHSR - Mental Health

AUG 2 2 2019

Lic. & Cert. Section

RE: Abbid St-Quest 339 Abbid St., Lexington, NC 28213 MHL# 029-141

Dear Ms. Rising:

On August 7, 2019 DHSR's Mental Health Licensure & Certification Section conducted their annual review of The Hunt home which is located at 339 Abbid Street. A review of the assigned Qualified Professional's personal file reflected an error in the verification and screening of their HCPR check. The check that was in the QP's file was conducted after the QP's initial start date, and it was determined that the check belonged to another administrative staff rather than the assigned QP. The provider agency conducted an internal review of all administrator's personal files and it was determined that the QP's check was placed in someone else's file, therefore this portion of the review was not in compliance.

To ensure that his error does not occur in the future, the provider agency will implement a 2-step verification process when conducting HCPR verifications. The provider agency will essentially conduct the check and write the person's name on the results paper. After this has been completed the person that conducted the check will forward the file with the HCPR check to Sarah Galpert; Human Resources Manager and Sarah will verify that the check has been completed prior to hire and that the verification in the person's administrative file belongs to that person and that the name, social, etc. are correct. The person's social will also be verified by reviewing their social security card/number to ensure that the numbers match.

The provider agency will implement this 2-step process on 8/20/19 to ensure continuity and compliance in this area. If you have any additional questions please feel free to contact me at 704-537-4730 or via email at <a href="mailto:alaughead@questnc.com">alaughead@questnc.com</a>.

Regards,

-Docusigned by:

Imy laughead, GP, MS

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8/19/2019 | 7:14:08 AM PDT

Chief Development Officer