

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/18/2020
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NAME OF PROVIDER OR SUPPLIER CARTER GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3101 EAST BESSEMER AVENUE GREENSBORO, NC 27405
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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 2/18/2020. A deficiency was 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 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> <p>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 audited staff (#1). The findings are:</p> <p>Review on 2/18/2020 of staff #1's employee record revealed: - Hire date: 2/3/2020 - Documentation that the HCPR was not accessed until 2/18/2020.</p> <p>Interview on 2/18/2020 with the Qualified Professional revealed: - The Owner/Administrator (O/A) completed</p>	V 131	<p>DHSR - Mental Health</p> <p>FEB 24 2020</p> <p>Lic. & Cert. Section</p> <p><i>See 2nd Page →</i></p>	

Division of Health Service Regulation

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

[Handwritten Signature]

TITLE

Owner

(X6) DATE

2/19/2020

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V 131	<p>Continued From page 1</p> <p>background checks, including accessing the HCPR, for all new hires.</p> <p>Interview on 2/18/2020 with the O/A revealed:</p> <ul style="list-style-type: none"> - The O/A had forgotten to access the HCPR when staff #1 was hired; - The O/A was aware that the HCPR had to be accessed prior to hiring new staff. 	V 131	<p>1. I come up with a Prehiring Qualification Checklist (enclosed)</p> <p>2. I laminated it and posted it on my posting board in front of my desk at the group home (copies enclosed)</p> <p>3. I advised my QP to also remind me prior to hiring anyone to check off all my boxes on the Pre hiring checklist</p> <p>4. I will monitor along with my QP.</p>	<p>2/19/20</p> <p>2/19/20</p> <p>2/19/20</p>

Amy Cat owner 2/19/2020

STAFF COMPETENCY AND QUALIFICATION CHECKLIST

- COPY OF HIGH SCHOOL DIPLOMA or GED or COLLEGE DEGREE
- CPR/FIRST AID WITH BLOOD BORNE PATHOGENS/SEIZURE DISORDER TRAINING. (Certified Instructor)
- MEDICATION ADMINISTRATION TRAINED WITH VALID CERTIFICATE. (Certified Instructor)
- NORTH CAROLINA INTERVENTION (NCI) TRAINING. FORMERLY KNOWN AS (PIC). (Certified Instructor)
- SPECIAL POPULATION TRAINING. (Certified Instructor)
- NATIONAL CRIMINAL BACKGROUND CHECK.
or www.sentrylink.com or www.integrascan.com
PRINT-OUT INFORMATION (Fee may be associated with this check)
- HEALTHCARE REGISTRY. www.NCNAR.ORG (Administrator)**
- CONFIDENTIALITY AND CLIENT'S RIGHTS. (Administrator)**
- JOB DESCRIPTION. (Administrator)**
- PROOF OF 2 STEP T.B. SKIN TEST (Health Dept. or Physician)
(A fee may or may not be associated with this check)
- DECLINATION OR ACCEPTANCE (with results) OF HEPATITIS B VACCINATIONS. (Series of (3) shots over a six month period)
(Health Dept. or Physician)
- A VALID DRIVERS LICENSE AND PROOF OF INSURANCE.
- CAN READ, WRITE, AND UNDERSTAND DIRECTIONS,
GENERAL ORGANIZATIONAL ORIENTATION. (Administrator)**

SIGN: _____ DATE: _____
(EMPLOYEE)

SIGN: _____ DATE: _____
(ADMINISTRATOR)

PRE HIRING QUALIFICATION CHECKLIST BY ADMINISTRATOR

- COPY OF HIGH SCHOOL DIPLOMA or GED or COLLEGE DEGREE
- CPR/FIRST AID WITH BLOOD BORNE PATHOGENS/SEIZURE DISORDER TRAINING. (Certified Instructor)
- MEDICATION ADMINISTRATION TRAINED WITH VALID CERTIFICATE. (Certified Instructor)
- NORTH CAROLINA INTERVENTION (NCI) TRAINING. FORMERLY KNOWN AS (PIC). (Certified Instructor)
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