Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-054			` ′	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		B. WING		02/2	02/28/2020		
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE			
MAYFAII	र	8 MAYFA I FXINGT	IR ROAD ON, NC 2729	2			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	(X5) COMPLETE DATE		
V 000	INITIAL COMMENTS		V 000				
	An Annual Survey v 28, 2020. A deficie	vas completed on February ncy was cited.					
	This facility is licensed for the following service category:						
		G .5600C: Supervised Living elopmental Disabilities					
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification		V 131				
	REGISTRY (d2) Before hiring h health care facility of health care facility of Personnel Registry	ealth care personnel into a personnel in					
	Personnel Registry appropriate persons Group Home Mana before hiring those facility. The findings are:	et as evidenced by: access the Health Care and note that access in the nel file for 2 (staff #1 and the ger) of 3 staff surveyed, staff to work in a health care of the personnel record for					

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL029-054	B. WING		02/2	28/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI 8 MAYFAI		STATE, ZIP CODE			
MAYFAII	२		ON, NC 272	92			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIEM (ENCY)	ULD BE	(X5) COMPLETE DATE	
V 131	was accessed 6-28 Review on 2-26-20 Group Home Mana - she was hired - her position w - the HCPR was Interview on 2-26-2 Assistant/Trainer (A - she was responded to the HCPR for all staff h - "I'm not gone say (as to why they - "I just have have so much on m - "We've been assistant, so I'm s better." Interview on 2-28-2 Professional/Region - the AAT was we checks being late - additional staff	re Personnel Registry (HCPR) 1-19 of the personnel record for the ger revealed: 8-19-19 ras Group Home Manager accessed 8-30-19 0 with the Administrative AT) revealed: consible for completing the ired recompleted late)" n't been able to keep up I ne." approved to hire a part-time ure that 'Il make everything 0 with the Qualified recompleted considered and Director (QP/RD) revealed: wery upset about the HCPR of will be hired that should help are will be completed prior to	V 131				

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